

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2005

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: North Iowa Regional Housing Authority
202 First St., S.E., Suite 203
Mason City IA 50401
(641) 423-0897 toll free: 1-888-817-1841 fax: (641) 423-1624
email: nirha@netconx.net
Contact Person: Deb Bullerman, Executive Director

PHA Number: IA127

PHA Fiscal Year Beginning: (mm/yyyy) 10/2005

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- ☒ XX Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ XX Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ PHA local offices
- ☐ Main administrative office of the local government
- ☐ Main administrative office of the County government
- ☐ Main administrative office of the State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ XX Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2005 - 2009
[24 CFR Part 903.5]

A. Mission

State the PHA's mission for serving the needs of low-income, very low income, and extremely low-income families in the PHA's jurisdiction. (select one of the choices below)

☐ The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.

☒ The PHA's mission is: (state mission here)

The mission of the North Iowa Regional Housing Authority is to assist low-income families with decent, safe and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to operating in an efficient, ethical, and professional manner. The Housing Authority will create and maintain partnerships with its clients and appropriate community agencies in order to accomplish this mission.

B. Goals

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.

☐ PHA Goal: Expand the supply of assisted housing
Objectives:

- ☐ Apply for additional rental vouchers:
- ☐ Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- ☐ Acquire or build units or developments
- ☐ Other (list below)

- ☐ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☐ Improve public housing management: (PHAS score)
 - ☐ Improve voucher management: (SEMAP score)
 - ☐ Increase customer satisfaction:
 - ☐ Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - ☐ Renovate or modernize public housing units:
 - ☐ Demolish or dispose of obsolete public housing:
 - ☐ Provide replacement public housing:
 - ☐ Provide replacement vouchers:
 - ☐ Other: (list below)

- ☐ PHA Goal: Increase assisted housing choices
Objectives:
- ☐ Provide voucher mobility counseling:
 - ☐ Conduct outreach efforts to potential voucher landlords
 - ☐ Increase voucher payment standards
 - ☐ Implement voucher homeownership program:
 - ☐ Implement public housing or other homeownership programs:
 - ☐ Implement public housing site-based waiting lists:
 - ☐ Convert public housing to vouchers:
 - ☐ Other: (list below)

HUD Strategic Goal: Improve community quality of life and economic vitality

- ☐ PHA Goal: Provide an improved living environment
Objectives:
- ☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - ☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - ☐ Implement public housing security improvements:
 - ☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - ☐ Other: (list below)

HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals

- ☐ PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- ☐ Increase the number and percentage of employed persons in assisted families:
 - ☐ Provide or attract supportive services to improve assistance recipients' employability:
 - ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - ☐ Other: (list below)

HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans

- ☐ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
- Objectives:
- ☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☐ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
 - ☐ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
 - ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

Goal One: Manage the North Iowa Regional Housing Authority's public housing and Section 8 programs in an efficient and effective manner and achieve High Performer ratings.

- Objectives:**
1. The North Iowa Regional Housing Authority will re-evaluate its Payment Standards by April 30, 2006, in conjunction with Voucher funding, Lease-Up rate, and Portability.
 2. The Housing Authority shall obtain a 98% or greater utilization rate under SEMAP by September 30, 2007.

3. The North Iowa Regional Housing Authority shall continue to adopt new (and/or revise current) policies, procedures and forms to enable the Housing Authority to be responsive to the needs identified at the SEMAP Review in March, 2004. The following will also be included:
 - a. A change in the language in the Section 8 Administrative Plan and Public Housing Admissions and Continued Occupancy Policy relative to “denial of assistance/termination because of criminal activity” by July 1, 2005.
4. The Housing Authority shall strive to obtain a Vacant Unit turn-around time in public housing of five (5) days by September 30, 2006.
5. By July 1, 2005, the Housing Authority shall adopt and implement a point system for Public Housing tenants that is pertinent to rent that is paid late instead of the Ten Dollar (\$10.00) Late Fee assessment to those who pay late. This new system will be addressed in an Amendment to the Public Housing Lease and in the section of the Public Housing Admissions and Continued Occupancy Policy pertinent to rent that is paid late.
6. The North Iowa Regional Housing Authority includes an Implementation Plan for the “Maintenance and Repair” component of the Customer Resident Satisfaction Survey as part of the Attachment of this Agency Plan October 1, 2005.

Annual PHA Plan
PHA Fiscal Year 2005
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

- ☐ **High Performing PHA**
☐ **Small Agency (<250 Public Housing Units)**
☐ **Administering Section 8 Only**

☒ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 ®]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

The North Iowa Regional Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998, and the ensuing HUD requirements.

We have adopted a mission statement to guide the activities of the North Iowa Regional Housing Authority. Our Annual Plan is based on the premise that if we accomplish our goals and objectives, we will be working toward the achievement of our mission.

The plans, statements, budget summary, policies, etc., set forth in the Annual Plan all lead toward the accomplishments of our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights.

- a. We have established flat rents for all our public housing developments, and a minimum rent of \$25.
- b. We are committed to our programs and services that offer economic opportunities for our public and assisted families.

In summary, we are on course to improve the condition of affordable housing in the eight-county jurisdiction of the North Iowa Regional Housing Authority, and we are committed to our goals.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

- ☐ Admissions Policy for Deconcentration
- ☒ A Statement verifying that both the ACOP and HCV Admin Plan have been amended to include the use of a UIV Policy, Attachment VII, PHA Plan Table Library with the Policies, verifying statement precedes Policies Pages 18-53
- ☒ **Capital Fund Program Performance and Evaluation Report** for Period Ending 03/31/03, Attachment I, Table Library, **Capital Fund Program Tables**, FY 2000, Page 1
- ☒ **Capital Fund Program Performance and Evaluation Report** for Period Ending 03/31/02, Attachment II, Table Library, **Capital Fund Program Tables**, FY 2001, Page 5

- ☒ **Capital Fund Program Annual Statement**, Attachment III, Table Library, **Capital Fund Program Tables**, FY 2002, Page 9
- ☒ **Capital Fund Program Annual Statement**, Attachment IV, Table Library, **Capital fund Program Tables**, FY 2003, Page 13
- ☒ **Capital Fund Program Annual Statement**, Attachment V, Table Library, **Capital Fund Program Tables**, FY 2004, Page 19
- ☒ **Capital Fund Program Annual Statement**, Attachment VI, Table Library, **Capital Fund Program Tables**, FY 2005, Page 22
- ☒ Optional Public Housing Assessment Management Table, **Capital Fund Program Tables**, Page 26
- ☒ Community Service Policy, Attachment III, PHA Plan Table Library, Page 1
- ☒ Pet Policy, Attachment IV, PHA Plan Table Library, Page 5
- ☒ Resident Membership of PHA Governing Board, Name, Selection Method, Term of Appointment, PHA Plan Table Library, Attachment IV, Page 15
- ☒ Membership of Resident Advisory Board, PHA Plan Table Library, Attachment V, Page 16
- ☒ Resident Services and Satisfaction Survey Implementation Plan Progress, Maintenance and Repair, PHA Plan Table Library, Attachment 5, Page 17
- ☒ Most recent board-approved Operating Budget (Required Attachment for PHAs that are Troubled or at risk of being designated troubled ONLY). Sent under separate cover at the time this Plan is submitted electronically.
- ☒ Up-Front Income Verification Policy, Section 8 Housing Choice Voucher, PHA Plan Table Library – Page 18
- ☒ Up-Front Income Verification Policy, Public Housing, PHA Plan Table Library - Page 35

Optional Attachments:

- ☒ PHA Management Organizational Chart, PHA Plan Table Library, Attachment 1, Page 1
- ☒ Capital Fund Program 5-Year Action Plan, **Capital Fund Program Tables**, FY 2005, Attachment VII, Page - 23
- ☐ Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents XX check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development XX check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies XX check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Public housing grievance procedures XX check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures XX check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program XX check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	Capitalization Policy	Annual Plan: Operation & Management

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Civil Rights Certification Policy	Annual Plan: Operation & Management
X	Continued Occupancy and Community Service Policy	Annual Plan: Operation & Management
X	Criminal Drug-Treatment and Registered Sex-Offender Classification Records Management Policy	Annual Plan: Operation & Management
X	Deconcentration Policy	Annual Plan: Operation & Management
X	Drug-Free Workplace Policy	Annual Plan: Operation & Management
X	Maintenance Policy	Annual Plan: Operation & Management
X	Minimum Rent Hardship Exemptions Policy a. Minimum Rent Hardship Exemption Request Guidelines/Residents b. Minimum Rent Hardship Exemption Request Guidelines/Housing Authority	Annual Plan: Operation & Management
X	“One Strike and You’re Out” Policy	Annual Plan: Operation & Management
X	Pest Control Policy	Annual Plan: Operation & Management
X	Pet Policy a. Pet Permit	Annual Plan: Operation & Management
X	Policy/Procedure for Communicating with Residents	Annual Plan: Operation & Management
X	Policy Governing When Resident Must Perform Community Service Activities or Self-Sufficiency Work Activities	Annual Plan: Operation & Management
X	Procurement Policy	Annual Plan: Operation & Management
X	Reasonable Accommodation Request by Resident Policy	Annual Plan: Operation & Management
X	Safety and Crime Prevention Policy	Annual Plan: Operation & Management
X	Section 8 Homeownership Administrative Plan and Capacity Statement	Annual Plan: Operation & Management
X	Voluntary Conversion Required Initial Assessment Documentation	Annual Plan: Operation & Management

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the

housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	21%	5	5	5	1	3	3
Income >30% but <=50% of AMI	17%	5	5	5	1	3	3
Income >50% but <80% of AMI	22%	5	5	5	1	3	1
Elderly	15%	5	5	4	3	2	2
Families with Disabilities	N/A	5	5	5	5	3	3
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2000
- ☒ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data
Indicate year:
- ☐ Other housing market study
Indicate year:
- ☒ Other sources: (list and indicate year of information)

Note: The data on the above table is based on information contained in the Consolidated Plan for the State of Iowa, 2000, and the U.S. Census Data: CHAS dataset, 1990, not specifically the jurisdiction of the Housing Authority. However, a close study of the CHAS dataset for the jurisdiction of the North Iowa Regional Housing Authority indicated similar percentages as those provided in the State Consolidated Plan.

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	483		50%
Extremely low income <=30% AMI	365	76%	
Very low income (>30% but <=50% AMI)	97	20%	
Low income (>50% but <80% AMI)	9	4%	
Families with children	256	53%	
Elderly families	65	14%	
Families with Disabilities	Unknown	N/A	
American Indian	2	.4%	
Asian	2	.4%	
Black	18	4%	
White	445	95.2%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes:
How long has it been closed (# of months)?
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes

PUBLIC HOUSING WAITING LIST INFORMATION

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	13		57
Extremely low income <=30% AMI	11	85%	
Very low income (>30% but <=50% AMI)	2	15%	
Low income (>50% but <80% AMI)	0	0	
Families with children	10	77%	
Elderly families	3	23%	
Families with Disabilities	Unknown	N/A	
African-American	12	92%	
Hispanic	1	8%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	3	23%	3
2 BR	6	46%	7
3 BR	4	31%	3
4 BR	0	0%	0

Housing Needs of Families on the Waiting List			
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
- ☒ Reduce turnover time for vacated public housing units
- ☐ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through Section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- ☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
- ☐ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- ☒ Other: (list below)

Continue to partner with community agencies in collaborative efforts to increase affordable housing options.

Need: Specific Family Types: Families at or below 30% of median**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☒ Other: (list below)

Increase outreach to target families through education of community agencies/partners that serve this same population.

Need: Specific Family Types: Families at or below 50% of median**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☐ Adopt rent policies to support and encourage work
- ☒ Other: (list below)

Increase outreach to target families through education of community agencies/partners that serve this same population.

Need: Specific Family Types: The Elderly**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- ☐ Seek designation of public housing for the elderly
- ☐ Apply for special-purpose vouchers targeted to the elderly, should they become available
- ☒ Other: (list below)
Increase outreach to the target families through education of community agencies/partners that serve this same population.

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- ☐ Seek designation of public housing for families with disabilities
- ☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- ☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
- ☐ Affirmatively market to local non-profit agencies that assist families with disabilities
- ☒ Other: (list below)
Increase outreach to the target families through education of community agencies/partners that serve this population.

Need: Specific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:

Select if applicable

- ☐ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- ☒ Other: (list below)
Increase outreach to the target families through education of community agencies/partners that serve this population.

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- ☒ Market the section 8 program to owners outside of areas of poverty /minority concentrations
- ☒ Other: (list below)

Increase outreach to the target families through education of community agencies/partners that serve this same population.

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☐ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☐ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☐ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	204,018	
b) Public Housing Capital Fund	198,167	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,147,380	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
FY2002	103,384	
FY2003	129,968	
FY2003	34,103	
FY2004	198,167	
3. Public Housing Dwelling Rental Income	228,360	
Interest	7,200	
Service Fees	12,000	
4. Other income (list below)		
5. Non-federal sources (list below)		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Total resources	2,262,747	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- ☐ When families are within a certain number of being offered a unit: (state number)
- ☐ When families are within a certain time of being offered a unit: (state time)
- ☒ Other: (describe)

When a family is approaching the top of the waiting list and it is anticipated by the PHA staff that a unit may be coming available.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- ☒ Criminal or Drug-related activity
- ☒ Rental history
- ☒ Housekeeping
- ☒ Other (describe)

Sex Offenders Registry

Personal Reference

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- ☒ Site-based waiting lists
- ☐ Other (describe)

We intend to schedule a meeting with the RAB, hold a public hearing and receive NIRHA Board approval to implement a site-based waiting list. It is our goal to have this completed no later than March 2006.

b. Where may interested persons apply for admission to public housing?

- ☒ PHA main administrative office
- ☐ PHA development site management office
- ☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection

(3) Assignment

1. How many site-based waiting lists will the PHA operate in the coming year? 10

2. ☒ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists? 10

3. ☒ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? 10

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☒ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☒ One
☐ Two
☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- ☒ Emergencies
☒ Overhoused
☒ Underhoused
☒ Medical justification
☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection

(5) Occupancy

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
☐ Victims of domestic violence
☐ Substandard housing
☐ Homelessness
☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

☐ Date and Time

Former Federal preferences:

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA-resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☒ Other source (list)

NIRHA Rules and Regulations

NIRHA Charges for Maintenance

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Any time family composition changes
- ☒ At family request for revision
- ☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
001 – Unselected	14	Size, location, configuration, small development	
008 – Not Identified	16	Size, location, configuration, scattered site, small development	
009 - NIRHA	14	Size, location, configuration, scattered site, small development	

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐

Adoption of site based waiting lists

If selected, list targeted developments below:

☐

Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments

If selected, list targeted developments below:

☐

Employing new admission preferences at targeted developments

If selected, list targeted developments below:

☐

Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

☐

Additional affirmative marketing

☐

Actions to improve the marketability of certain developments

☐

Adoption or adjustment of ceiling rents for certain developments

☐

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

☐

Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

☒

Not applicable: results of analysis did not indicate a need for such efforts

☐

List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

☒

Not applicable: results of analysis did not indicate a need for such efforts

☐

List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

☒

Criminal or drug-related activity only to the extent required by law or regulation

- ☐ Criminal and drug-related activity, more extensively than required by law or regulation
- ☐ More general screening than criminal and drug-related activity (list factors below)
- ☒ Other (list below)

Sex Offenders Registry

- b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. ☐ Yes ☒ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☐ Criminal or drug-related activity
- ☒ Other (describe below)

The Housing Authority will provide prospective landlords with the family's current and prior addresses and the names and addresses of the landlords for those addresses. Upon request the HA may also supply any factual information or third party verification relating to the applicant's history.

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- ☒ None
- ☐ Federal public housing
- ☐ Federal moderate rehabilitation
- ☐ Federal project-based certificate program
- ☐ Other federal or local program (list below)

- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- ☒ PHA main administrative office
- ☐ Other (list below)

(3) Search Time

- a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

The Housing Authority may grant one or more extensions of the terms, but the initial term plus any extensions will never exceed 120 calendar days from the initial date of issuance. To obtain an extension, the family must make a request by contacting the Housing Authority prior to the expiration date on the voucher. If the family has made a reasonable attempt to locate an appropriate unit and additional time can be reasonably expected to result in success, the Housing Authority will grant the length of request sought by the family, or sixty (60) days, whichever is less.

(4) Admissions Preferences

a. Income targeting

- ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☒ Yes ☐ No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent)

(5) Special purpose section 8 assistance programs)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a “1” in the space that represents your first priority, a “2” in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

☐ Date and Time

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans’ families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- ☐ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

- a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- ☒ The Section 8 Administrative Plan
☒ Briefing sessions and written materials
☒ Other (list below)

Letters and memos to each tenant

- b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- ☐ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

- a. Use of discretionary policies: (select one)

- ☒ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- ☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

- b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☒ \$1-\$25
☐ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

☒ For the earned income of a previously unemployed household member

☒ For increases in earned income

☐ Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

☐ For household heads

☐ For other family members

☐ For transportation expenses

☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families

☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

☐ Yes for all developments

☐ Yes but only for some developments

☒ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

☐ For all developments

☐ For all general occupancy developments (not elderly or disabled or elderly only)

☐ For specified general occupancy developments

☐ For certain parts of developments; e.g., the high-rise portion

☐ For certain size units; e.g., larger bedroom sizes

☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☐ Any time the family experiences an income increase
- ☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- ☒ Other (list below)

Anytime the family experiences an income increase or decrease or family composition change; or experience an income or allowable expenses (medical, daycare, etc.) increase

- g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☒ The section 8 rent reasonableness study of comparable housing
- ☒ Survey of rents listed in local newspaper
- ☒ Survey of similar unassisted units in the neighborhood
- ☒ Other (list/describe below)

Published Fair Market Rents

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☐ 100% of FMR
- ☒ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- ☒ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

- ☒ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burdens of assisted families
- ☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☒ \$1-\$25
- ☐ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached in PHA Plan Table Library, Attachment I, Page 1.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	105	50%
Section 8 Vouchers	324	50%
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

- Maintenance Policy
- Maintenance Charges List
- Pest Control Policy
- Admissions and Continued Occupancy (ACOP)
- Procurement Policy
- (2) Section 8 Management: (list below)
 - Housing Quality Standards guidebook
 - Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

A. Public Housing

1. ☐ Yes ☒ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☒ PHA main administrative office
- ☐ PHA development management offices
- ☐ Other (list below)

B. Section 8 Tenant-Based Assistance

1. ☐ Yes ☒ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☒ PHA main administrative office
- ☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

A. Capital Fund Activities

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

(1) Capital Fund Program Annual Statement

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan 2005 at Attachment VI, Table Library, Capital Fund Program Tables, Page 22

-or-

☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☒ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan 2005 at Attachment VII, Table Library, Capital fund Program, Tables, Page 23

-or-

☐ The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

☐ Yes ☒ No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
 - ☐ Revitalization Plan under development
 - ☐ Revitalization Plan submitted, pending approval
 - ☐ Revitalization Plan approved
 - ☐ Activities pursuant to an approved Revitalization Plan underway

☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

☐ Yes ☒ No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

Demolition/Disposition Activity Description
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/>

Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>

3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)

3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

Public Housing Homeownership Activity Description (Complete one for each development affected)	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	
<input type="checkbox"/>	HOPE I
<input type="checkbox"/>	5(h)
<input type="checkbox"/>	Turnkey III
<input type="checkbox"/>	Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	
<input type="checkbox"/>	Approved; included in the PHA’s Homeownership Plan/Program
<input type="checkbox"/>	Submitted, pending approval
<input type="checkbox"/>	Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)	
5. Number of units affected:	
6. Coverage of action: (select one)	
<input type="checkbox"/>	Part of the development
<input type="checkbox"/>	Total development

B. Section 8 Tenant Based Assistance

1. ☒ Yes ☐ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☒ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☒ 25 or fewer participants
- ☐ 26 - 50 participants
- ☐ 51 to 100 participants
- ☐ more than 100 participants

b. PHA-established eligibility criteria

- ☐ Yes ☒ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☐ Yes ☒ No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? DD/MM/YY

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- ☒ Client referrals
- ☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
- ☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- ☐ Jointly administer programs
- ☐ Partner to administer a HUD Welfare-to-Work voucher program
- ☐ Joint administration of other demonstration program
- ☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- ☒ Public housing rent determination policies
- ☒ Public housing admissions policies
- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families

- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing homeownership option participation
- ☐ Preference/eligibility for section 8 homeownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☒ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Section 8 Homeownership	Max 15	Specific criteria: Rental assistance recipient for one year	PHA Main Office	Both Section 8 & Public Housing

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☒ Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
- ☒ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.

- ☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☐ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937

The Community Service Policy is included as a supplement of the Agency Plan and is part of the PHA Plan Table Library, Attachment III, Page 1.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- ☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- ☒ Mild incidence of crime and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☒ Observed lower-level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- ☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☒ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☒ Resident reports
- ☐ PHA employee reports
- ☒ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

001 – Scattered – Sheffield

005 – East Court, Rockford

008, 009 – Southview Apartments and Southview Plaza, Forest City

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at-risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

Policies: Safety and Crime Prevention Policy

2. Which developments are most affected? (list below)

005 – East Court, Rockford

008 and 009 – Forest City

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- ☒ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☒ Other activities (list below)

Telephone conversations and follow-up with police

2. Which developments are most affected? (list below)

005 – East Court, Rockford

008, 009 – Southview and Southview Plaza, Forest City

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- ☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

The Pet Policy is included as a supplement of the Agency Plan and is part of the Table Library, Attachment IV, Page 5

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☒ Yes ☐ No: Were there any findings as the result of that audit?
4. ☐ Yes ☒ No: If there were any findings, do any remain unresolved?
If yes, how many unresolved findings remain? ____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)

- ☒ Not applicable
- ☐ Private management
- ☐ Development-based accounting
- ☐ Comprehensive stock assessment
- ☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 - ☐ Attached at Attachment (File name)
 - ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
 - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
 - ☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:
 - ☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes ☒ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2. ☐ Yes ☒ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
 - ☐ Candidates were nominated by resident and assisted family organizations
 - ☐ Candidates could be nominated by any adult recipient of PHA assistance
 - ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
 - ☐ Other: (describe)

b. Eligible candidates: (select one)

- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Iowa

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

- Progress in Meeting 5-Year Plan Goals from the previous 5-Year Plan
 - *Five-Year Agency Plan - Goal One:* The North Iowa Regional Housing Authority shall sustain a 95% or greater utilization rate under SEMAP by September 30, 2005.
 - *Five-Year Agency Plan - Goal Two:* The North Iowa Regional Housing Authority shall assist five families to voluntarily move from assisted to unassisted housing by September 30, 2005.

- Unfortunately North Iowa Regional Housing Authority has not been able to concentrate our efforts to meet the previously established goals in the FYE 2004 Agency Plan. As a result of the financial and management HUD reviews and audit for this agency, we have been focusing our attention on making the necessary corrections and adjustments to bring the agency out of the Trouble status. The agency has hired a new Executive Director, restructured the entire agency, staffing, established job descriptions, policies and procedures. The proposed goals are still important goals to the agency, however, it is urgent that the basic management and programmatic improvements are completed. As a result, the goals have been revised that include achieving a Standard rating within 24 months.

- Criteria for Substantial Deviations and Significant Amendments

- a. Substantial Deviation from the 5-Year Plan
A substantial change is any fundamental alteration of the agency's Mission or Goals and Objectives as determined by the Board of Commissioners. Any such change will be subject to review and approval requirements of the original Agency Plan as per HUD regulations.
- b. Significant Amendment or Modification to the Annual Plan
A significant amendment or modification to the plan is any fundamental alteration of the agency's Mission or Goals and Objectives as determined by the Board of Commissioners. Any such change will be subject to review and approval requirements of the original Agency Plan as per HUD regulations.

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Attachments

Use this section to provide any additional attachments referenced in the Plans.

PHA PLAN Agency Identification

PHA Name: North Iowa Regional Housing Authority
202 First Street, S.E., Suite 203
Mason City IA 50401
(641) 423-0897 1-888-817-1841 fax: (641) 423-1624
email address: nirha@netconx.net

Contact: Deb Bullerman, Executive Director

PHA Number: IA127

PHA Fiscal Year Beginning: October 1, 2005

ATTACHMENTS
ia127.a01

PHA PLAN
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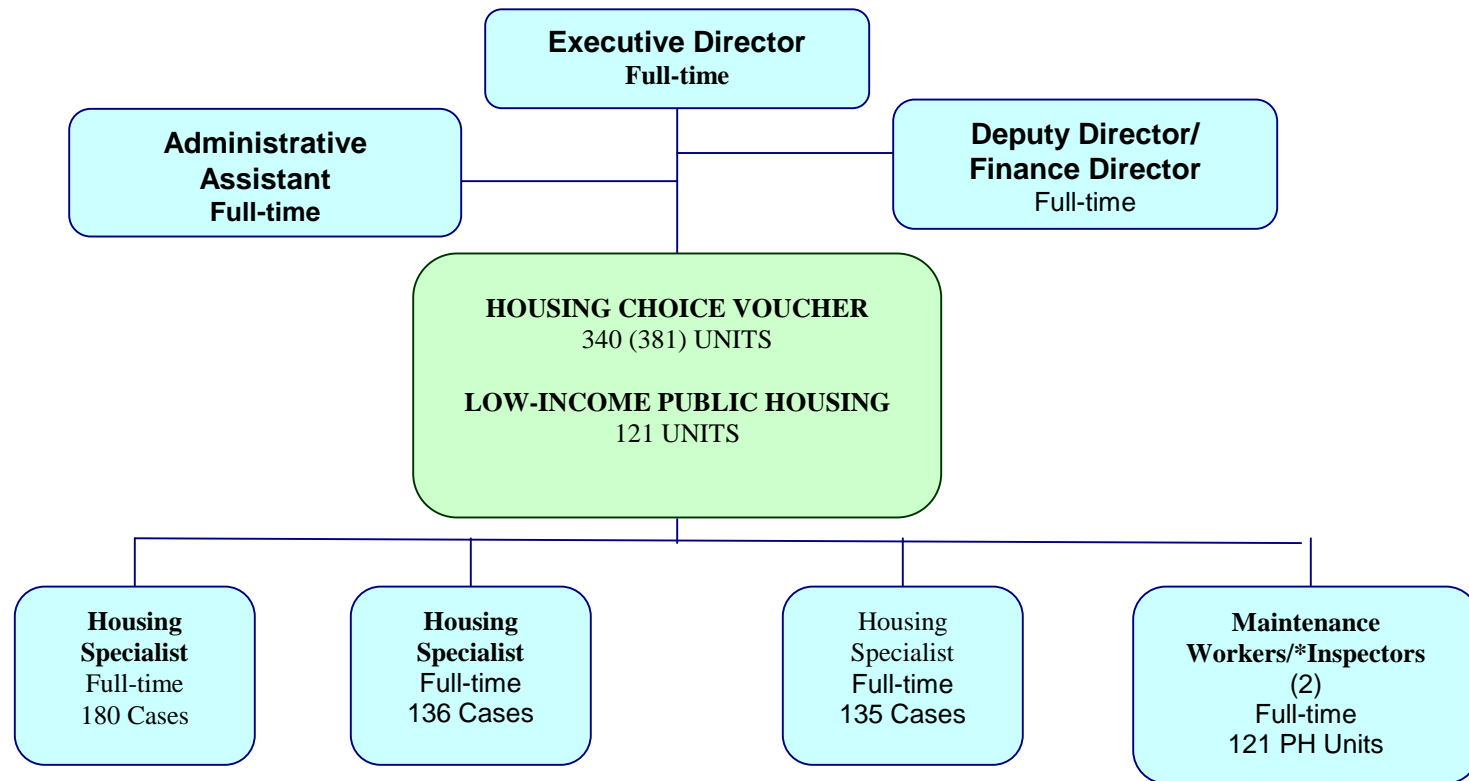
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**PHA Plan
Table Library**

Attachment I

5. Operations and Management

NIRHA ORGANIZATION CHART



Executive Director: Oversee proper program management, HQS and file quality control, Agency Plan, policy development, report directly to the Board of Commissioners, consider additional programs.

Deputy Director/Finance Director: Responsible for preparation of financial reports and submissions, HAPS, REAC/PIC, accounts payable and assistant to Executive Director.

Administrative Assistant: Review applications, maintain waiting lists, mail, rent collection, work orders, newsletters, phone and criminal background checks.

Housing Specialist (HCV) – Average 189 case files plus travel time.

Housing Specialist (PH/HCV): Average 136 case files plus travel time.

Housing Specialist (PH/HCV): Average 136 case files plus travel time.

Maintenance Workers: Complete work orders, preventative maintenance, lawn care and snow removal, prepare vacant units for rerental, conduct HCV and PH inspections, etc.

PHA Plan Table Library

Attachment II

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Component 7 – Capital Fund Program Tables

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

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8. Capital Fund Program Five-Year Action Plan, Attachment VII	Page 23
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7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary				Attachment I	
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750100 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report 3/31/2003					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	18,000		18,000	18,000
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	0		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	25,000	12,500	12,500	12,500
10	1460 Dwelling Structures	146,968	127,000	127,000	127,000
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	25,000	57,468	57,468	57,468
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	214,968		214,968	214,968
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	0		0	0
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					Attachment I	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report 3/31/2003						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
26	Amount of line 21 Related to Energy Conservation Measures	0		0	0	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
127-001	Kitchen Cabinet Replacement	1460		100,000	0	100,000	100,000	Complete
HA-Wide	Plumbing Fixtures	1460		17,000	12,000	12,000	12,000	Complete
127-005	Floor Tile Replacement	1460		15,000	0	15,000	15,000	Complete
HA-Wide	Interior Door Replacement	1460		5,000	0	0	0	Cancel
HA-Wide	Vehicle Replacement	1475		25,000	57,468	57,468	57,468	Complete

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Landscaping and Playground Equipment	1450		12,500	0	0	0	Cancel
HA-Wide	Concrete Repair or Replacement	1450		12,500	0	12,500	12,500	Complete
HA-Wide	Partial Salary for ED for Administration	1410		18,000	0	18,000	18,000	Complete
127-009	Roof Replacement	1460		9,968	0	0	0	Cancel

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program No: IA05P12750100 Replacement Housing Factor No:			Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
127-001	01/01		03/01	03/01	07/01	07/01	Delay in cabinet order
HA-Wide	02/01		03/01	04/01	07/01	07/01	Timing same as cabinets (above)
127-005	01/01		01/01	03/01	07/02		Contractor moved
HA-Wide	01/01		N/A	04/01		N/A	
HA-Wide	02/01		10/00	03/01	10/00	10/00	Best pricing
HA-Wide	02/01		07/02	04/01	07/02	N/A	
HA-Wide	02/01		02/03	04/01	07/02	09/02	Contractor Delay
HA-Wide	01/01		01/01	03/01		03/01	
127-005	02/01		N/A	03/01		N/A	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment II
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	20,000		20,000	20,000
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	0		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	19,249		19,249	19,249
10	1460 Dwelling Structures	180,000		180,000	167,251
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Nondwelling Structures	0		0	0
13	1475 Nondwelling Equipment	0		0	0
14	1485 Demolition	0		0	0
15	1490 Replacement Reserve	0		0	0
16	1492 Moving to Work Demonstration	0		0	0
17	1495.1 Relocation Costs	0		0	0
18	1499 Development Activities	0		0	0
19	1501 Collateralization or Debt Service	0		0	0
20	1502 Contingency	0		0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	219,249		219,249	206,500
22	Amount of line 21 Related to LBP Activities	0		0	0
23	Amount of line 21 Related to Section 504 compliance	0		0	0
24	Amount of line 21 Related to Security – Soft Costs	0		0	0
25	Amount of Line 21 Related to Security – Hard Costs	0		0	0

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment II
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	137000		137000	137000

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
127-001	Window Replacement	1460	42	80,000	105,000	105,000	92,251	I/P
127-004	Water Filtration	1465.1	27	25,000	0	0	0	
127-001	Replace Utility Buildings	1470	42	19,249		19,249	19,249	Complete
127-008 & 127-009	Replace Refrigerators and Stoves	1465.1	30	15,000	12,000	12000	12000	Complete
127-008 & 127-009	Replace Water Heaters	1465.1	30	8,000		8,000	8,000	Complete
127-008	Replace Furnaces	1465.1	16	32,000	35,000	35,000	35,000	Complete
HA-Wide	Computer Upgrade	1408		20,000		20,000	20,000	Complete
HA-Wide	Partial Salary for ED for Administration	1410	1	20,000		20,000	20,000	Complete

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program No: IA05P12750101 Replacement Housing Factor No:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
127-001	01/01	08/02	07/02	08/02	09/02		Availability of materials
127-004	01/02		09/02	09/02		6/03	
127-001	01/01		09/02	09/02		6/03	
127-008 & 127-009	07/02		09/02	09/02		6/03	
127-008 & 127-009	07/02		09/02	09/02		6/03	
127-008	07/02		09/02	09/02		6/03	
HA-Wide	07/02		09/02	09/02		6/03	
HA-Wide	10/01		09/02	09/02		6/03	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment III
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	0	103,384	103,384	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	23,421	17,000	17,000	17,000
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	114,000	51,386	51,386	51,386
11	1465.1 Dwelling Equipment—Nonexpendable	30,000	16,000	16,000	16,000
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	36,000	15,651	15,651	15,651
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	203,421	203,421	203,421	100,037
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	0	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	0	122,421	0	0

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P1275010102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
127-002 & 127-004	Stove and fridge replacement	1465.1		30,000	16,000	16,000	16,000	Complete
HA-Wide	Partial salary for ED for Administration	1410		23,421	17,000	17,000	17,000	Ongoing
HA-Wide	Equipment – skid loader	1475		36,000	15,561	15,651	15,651	Complete
HA-Wide	Roof Replacement	1460		50,000	50,000			Pending app
127-001 & 127-002	Floor Covering Replacement	1460		25,000	? *	See below *	See below *	I/P
HA-Wide	Windows	1460		39,000	? *	See below *	See below *	Pending app
HA-Wide	Operations – Architect fees	1406			103,384	103,384		Pending app
HA-Wide	Architect fees	1430		0	6,000			
127-001 & 127-002 & HA-wide	Windows, floor	1460				51,386	51,386	Some complete Some I/P

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

**Note: Line item: 14600 above for “floor covering replacement” and “windows”: NIRHA has used \$51,386 of \$64,000 set aside for floors and windows. NIRHA is in process of checking records to ascertain dollar amount spent for each allocation. \$12,614 remains of the \$64,000 originally allocated.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program No: IA05P12750102 Replacement Housing Factor No:				Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
127-002 & 127-004	01/03		10/02	02/03	11/02	11/02	Early Availability
HA-Wide	09/03	9/05		9/03	9/05		Lack of administration
HA-Wide	01/03		10/02	10/02		10/02	Early Availability
127-002 & 127-001	12/03	9/05		12/03	9/05		Lack of administration
127-001 & 127-002	03/03		03/03	09/03			
HA-Wide	12/03	9/05		12/03	9/05		Lack of administration
HA-Wide	n/a	09/04	09/04	9/04	9/05		Transfer funds to Operating to meet grant end requirements

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment IV
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	17,114	15,968		
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0	27,000	58,152	58,152
10	1460 Dwelling Structures	134,000	128,146		
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	20,000	0		
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	171,114	171,114	58,152	
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary Attachment IV					
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	0	54,000		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA1275P0103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
127-002	Kitchen cabinets	1460	12	34,966	34,966	34,966	34,966	Complete
127-004	Floor covering – carpet	1460	27	23,186	23,186	23,186	23,186	Complete
127-001, 127-004, 127-008	Roof replacement	1460	10	0	36,000			
127-001, 127-008	Windows	1460		0	49,962			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA1275P0103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Sidewalk/parking lot improvements	1450		0	20,000			
127-002	Tiling	1450		0	7,000			

*Revised budgets will be submitted for approval prior to expenditures.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program No: IA12750103 Replacement Housing Factor No:				Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
127-002	4/04		4/04	4/04		4/04	
127-004	4/04		4/04	4/04		4/04	
All remaining projects	04/04		9/05				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment IV
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750103 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	3,403	3,403		
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0	6,000		
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	28,000			
11	1465.1 Dwelling Equipment—Nonexpendable	2,700			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0	24,700		
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	34,103	34,103	0	0
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment IV
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA1275P0103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-wide	Administration	1410		3,403				
HA-wide	Architect fees	1430		6,000				
HA-wide	Playground equipment	1475		24,700				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA1275P0103 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

*Revised budgets will be submitted for approval prior to expenditures.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

[illegible]

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment VI
PHA Name: <div style="text-align: center;">North Iowa Regional Housing Authority</div>		Grant Type and Number Capital Fund Program Grant No: IA12705P50104 Replacement Housing Factor Grant No:		Federal FY of Grant: <div style="text-align: center;">2004</div>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	19,187	19,187		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,625	3,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000	20,000		
10	1460 Dwelling Structures	125,000	118,980		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	19,355	12,000		
13	1475 Nondwelling Equipment		25,000		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	198,167	198,167		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment VI
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA12705P50104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures		118,980		

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P12750104 Replacement Housing Factor Grant No:			Federal FY of Grant: FY 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Architect	1430		3,000				
HA-Wide	Landscaping	1450		20,000				
HA-Wide	Playground equipment	1475		25,000				
HA-Wide	Administration	1410		19,187				
HA-Wide	Repair garages/sheds	1470		12,000				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA05P12750104 Replacement Housing Factor Grant No:			Federal FY of Grant: FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
127-001: Algona, Clear Lake; 127-005: Rockford	Siding repairs/replacement	1460		118,980				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule			
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program No: IA12750104 Replacement Housing Factor No:	
		Federal FY of Grant: 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide		09/05			09/05		
HA-Wide		09/05			09/05		
HA-Wide		09/05			09/05		
HA-Wide		09/05			09/05		
HA-Wide		09/05			09/05		
HA-Wide		09/05			09/05		
127-001: Algona, Clear Lake; 127-005: Rockford		09/05			09/05		

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					Attachment VI
PHA Name: North Iowa Regional Housing Authority		Grant Type and Number Capital Fund Program Grant No: IA05P1270105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	0			
5	1411 Audit	10,000			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	175,500			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	194,500			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	140,000			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

[illegible]

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: North Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program No: IA12750105 Replacement Housing Factor No:				Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	8/18/08						
127-009	8/18/08						
HA-Wide	8/18/08						

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Attachment VII Part I: Summary					
PHA Name North Iowa Regional Housing Authority				XX Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1 2005	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
<i>127-004: Heritage Place:</i> Hampton		101,500			115,000
<i>127-002: Friendship Village:</i> Manly		7,000			
<i>HA-Wide</i>		60,625	195,000	190,000	100,000
CFP Funds Listed for 5-year planning	194,500	169,125	195,000	190,000	215,000
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

	Activities for Year : 2006 FFY Grant: 9/30/2006 PHA FY: 9/30/2006			Activities for Year: 2007 FFY Grant: 9/30/2007 PHA FY: 9/30/2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual	127-004: Heritage Place, Hampton	Replace coin-op washer/dryer	1,500			
Statement						
	127-004: Heritage Place, Hampton	Elevator replacement	100,000	HA-Wide	Building office and relocate	160,000
	127-002: Friendship Village, Manly	Community building upgrade	7,000			
	HA-Wide	Modernization consultant, administration, computers upgrade, vehicle replacement	60,625	HA-Wide	Modernization consultant, administration	35,000
	Total CFP Estimated Cost		\$169,125			\$195,000

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages – Work Activities						
	Activities for Year : 2008 FFY Grant: 9/30/2008 PHA FY: 9/30/2008			Activities for Year: 2009 FFY Grant: 9/30/2009 PHA FY: 9/30/2009		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See						
Annual				127-004: Heritage Place, Hampton	Boiler, carpet	115,000
Statement						
	HA-wide	Replace smoke detectors, replace fire extinguishers, repair/replace sidewalks and driveways, replace storm doors, replace floors	175,000	HA-wide	Replace floors, replace light poles, Replace interior doors, replace kitchen sinks, plumbing, fixtures	85,000
	HA-wide	Modernization consultant and administration	15,000	HA-wide	Administration	10,000
				HA-wide	Architect fees	5,000
Total CFP Estimated Cost			\$190,000			\$ 215,000

9. Optional Public Housing Assessment Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		Activity Description						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III <i>Component 7a</i>	Development Activities <i>Component 7b</i>	Demolition / disposition <i>Component 8</i>	Designated housing <i>Component 9</i>	Conversion <i>Component 10</i>	Home-ownership <i>Component 11a</i>	Other (describe) <i>Component 17</i>

PHA Plan Table Library

Attachment III

12. PHA Community Service and Self-sufficiency Programs

12.0 COMMUNITY SERVICE AND ECONOMIC SELF-SUFFICIENCY

12.1 OVERVIEW

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt public housing adult residents (18 or older) contribute eight hours per month of community service (volunteer work) or participate in eight hours of training, counseling, classes or other activities that help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

12.2 DEFINITIONS

Community Service – volunteer work which includes, but is not limited to:

- Work at a local public or non-profit institution, including but not limited to: school, Head Start, other before or after school program, child care center, hospital, clinic, hospice, nursing home, recreation center, senior center, adult day care program, homeless shelter, feeding program, food bank (distributing either donated or commodity foods), or clothes closet (distributing donated clothing), etc.;
- Work with any program funded under the Older Americans Act, including but not limited to: Green Thumb, Service Corps of Retired Executives, Senior meals programs, Senior Center, Meals on Wheels, Foster Grandparent Program, etc.;
- Work with any other public or non-profit youth or senior organization;
- Work as a member of the Resident Advisory Committee;
- Work at the Authority to help improve physical conditions (for example as a floor, grounds or building captain);
- Working through a resident organization to help other residents with problems, serving as an officer in a Resident Organization, serving on the Resident Advisor Board; and
- Caring for the children of other residents so they may volunteer.

NOTE: Political activity is excluded.

Eligible Self-Sufficiency Activities – activities that include, but are not limited to:

- Job training programs;
- Skills training programs;
- Full time status at any school, college or vocational school;
- GED classes;
- Any kind of class that helps a person toward economic independence;

- Apprenticeships (formal or informal);
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- English as a second language classes;
- Budgeting and credit counseling; and
- Carrying out any activity required by the Department of Public Assistance as part of welfare reform.

12.3 EXEMPT RESIDENTS – an adult member of the family who

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is a caretaker for a disabled person;
- Is working at least 32 hours per week;
- Certified as exempt from work activities under a State Program as stated by the Social Security Act or any other welfare state program; and
- Members of a family receiving benefits from a State Welfare Program in compliance with the program's requirements.

12.4 REQUIREMENTS OF THE PROGRAM

1. The eight hours per month maybe either volunteer work or self sufficiency program activity, or a combination of both.
2. At least eight hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration (weather conditions, health matters, etc.). The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside jurisdiction area of the Authority.

12.5 FAMILY OBLIGATIONS

1. At lease execution or re-examination after the effective date of the adopted policy, all adult members (18 or older) of a public housing resident family must:
 - Provide documentation that they are exempt fro Community Service requirements if they qualify for an exemption; and
 - Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirements will result in non-renewal of their lease.
2. At each annual re-examination, non-exempt family members must present a completed documentation form (provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.

3. If a family member is found to be noncompliant at re-examination, the member and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve month period.

12.6 AUTHORITY OBLIGATIONS

1. To the greatest extent possible and practicable, the Authority will:
 - Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement); and
2. The Authority must provide the family with exemption verification forms, Recording/Certification documentation forms, and a copy of this policy at initial application and at lease execution.
3. The Authority will make the final determination whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if the disagree with the Authority's determination.

12.7 NONCOMPLIANT RESIDENTS

1. At least thirty days prior to annual reexamination and/or lease expiration, the Authority must begin reviewing the exempt or non-exempt status and compliance of family members.
2. If the Authority finds a family member to be noncompliant, the Authority must enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
3. If, at the next annual re-examination, the family member still is not compliant, the Authority is not permitted to renew the lease and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
4. The family may use the Authority's Grievance Procedure to protest the lease termination.

12.8 CHANGE IN EXEMPT STATUS

1. When an adult resident's exempt status changes during the year:
 - If, during the twelve-month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation.
 - If, during the twelve-month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

12.9 NO SUBSTITUTION OF COMMUNITY SERVICE WORKERS FOR PHA EMPLOYEES

No PHA may substitute any community service activity performed by a resident for work ordinarily performed by a PHA employee.

PHA Plan Table Library

Attachment VII

14. PET POLICY



Note: The North Iowa Regional Housing Authority is providing this **Pet Policy** to the Public Housing Residents in accordance with the requirements of Section 31 of the 1937 Act (42 U.S.C. 1437a-3), and the Quality Housing and Work Responsibility Act of October 12, 1998. The Final Rule is found at 24 CFR 960.701-707, dated August 9, 2000. This Policy is effective **October 1, 2001**.

I. GENERAL

The North Iowa Regional Housing Authority (NIRHA) shall not discriminate against persons in connection with Admission to or Continued Occupancy of those public housing Residents who qualify for pet ownership under Part 5, Subpart C. Section 5.300-5.380, and Part 960, Subpart G. 960.701-960.707 of the Quality Housing and Work Responsibility Act (aka the Housing Act) of 1998. All Residents who are eligible under the aforementioned Parts 5 and 960, Sections 5.300-5.380 and 960.701-960.707 respectively may keep a common household pet in housing owned and operated by the Housing Authority who **shall demonstrate** that they have the physical and financial capability to care for the pet.

In some circumstances, such physical and financial capability to care for the pet(s) **may be determined prior** to admission. After the Resident Pet Owner is in occupancy, and before the Annual Re-Exam, the Housing Authority may conclude that, based on the Pet Owner's habits and practices, including conditions in the dwelling unit identified at periodic and/or annual inspection(s), the Resident Pet Owner will no longer be able to keep the pet(s) in compliance with the pet rules and other lease obligations; the pet's behavior may also be considered as a factor in determining the Resident Pet Owner's ability to comply with the pet rules or other lease obligations.

2.0 EXCLUSIONS FROM THIS PET POLICY FOR ANIMALS THAT ASSIST PERSONS WITH SPECIFIC DISABILITIES

- A. This Policy **does not** apply to animals that are used to assist persons with disabilities. "Assistive" animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors. The Housing Authority must grant this exclusion **if** the following is provided:
1. The Resident or prospective Resident certifies in writing that the Resident or a member of his or her family is a person with a specific disability that would require an assistive animal;
 2. The animal has been trained to assist persons with that **specific disability** (example: seeing eye dog, hearing trained); and
 3. The animal **actually assists** the person with a disability

B. Nothing in this Policy limits or impairs the rights of persons with disabilities.

3.0 RESIDENTS OWNINPETS

A. APPROVAL

1. Prior to housing any pet(s) on the premises governed by the NIRHA, the Resident shall apply to the management for a **Pet Permit** (Authorization for Pet Ownership) that **must be fully completed** before the Housing Authority will approve the request. The request for approval of pet ownership must be accompanied by the following:

The identity of an Alternate Custodian for the pet in the event of Resident illness, death or other absence from the dwelling unit. The Resident must identify an Alternate Custodian prior to the Housing Authority management issuing a pet registration permit; and

2. The Resident pet owner is responsible for informing the Housing Authority of any change in the name, address or telephone number of any person(s) designated as alternate caretaker(s).
3. A change in Alternate Custodian requires the Resident to complete a new Pet Permit.
4. A current license issued by the appropriate authority, if applicable
5. A sign indicating that a pet is in occupancy. The sign, supplied by the Housing Authority must be prominently displayed in a front window of the residence.
6. Evidence the pet has received current inoculations for rabies and distemper, as applicable, and other conditions prescribed by local ordinances.

B. PET DEPOSIT

1. Pet owners of a cat or dog or rabbit will pay a Pet Security Deposit of **Two Hundred Dollars** (\$200.00) for the **first cat or dog or rabbit**, and **One Hundred Dollars** (\$100.00) for the **second cat or dog or rabbit** at the time of registering the cat or dog or rabbit. This Pet Security Deposit will be refunded **when** the pet(s) or the family vacate the unit, **less any amounts owed** due to specific “pet-related” damage. Pet-related damage can include but not be limited to insect infestation, odor, destruction of carpet, draperies, floor covering. (The Pet Deposit is **in addition** to the Security/Damage Deposit required for the unit.)
2. A Resident with a hamster or gerbil or bird in cage will pay a lesser Pet Deposit of **Seventy-Five Dollars** (\$75.00) for the animal that will be refunded according to provisions in Item 1, above, of this Section.
3. Fish in an aquarium, which shall not exceed a 20 gallon tank, and/or a miniature turtle(s) **will not require** a pet deposit, although the Resident must declare the presence of a miniature turtle(s), or fish in an aquarium. A Resident with an aquarium must be careful that the water in the tank does not overflow and/or that the aquarium does not break, causing water damage to the unit. **The aquarium shall be cleaned on a regular basis.**
4. **NOTE: The Resident’s financial liability for damages caused by the pet is not limited to the amount of the pet or security deposit. The Resident will, therefore, be required to reimburse the Housing Authority for damages that exceed such deposit. All units that have been occupied by pets will be fumigated for fleas, ticks, etc., prior to a new resident**

moving in. The Resident will also be responsible for any flea or other insect infestation that affects adjacent units as a result of the pet.

C. TYPES AND NUMBER OF PETS

1. The North Iowa Regional Housing Authority **will allow only common** household pets in the unit or on the premises of the public housing project. This means only domesticated animals such as dogs, cats, birds, rabbits, gerbils, hamsters, turtles or fish in aquariums. Reptiles (except miniature turtles) **are not** considered common household pets.
2. No person shall keep, shelter or harbor at a public housing site any “vicious” or “dangerous” dog or other dangerous animal as a pet, or act as a custodian for such animal, temporarily or otherwise, or keep such animal for any other purpose or in any other capacity.
 - a. This includes, but is not limited to, ownership of non-domesticated animals or animals that are not naturally tame or gentle or those that are capable of killing, inflicting serious injury or causing disease. Such animals can also be, but are not limited to, any animal deemed to be potentially harmful to the health or safety of others by State or local law, and other vicious or intimidating animals.
 - b. For purposes here, a “vicious” animal (which can pertain to domestic animals) is an animal that has attacked or bitten a person without provocation or has exhibited vicious tendencies, the definition in the **State or local** Code for “attack” and “vicious” animal shall prevail. If any part of this Section conflicts with **State or local** law or regulation, the **State or local** law or regulation shall govern.
3. **No more than two (2)** animals (in any combination) **per unit** will be allowed.

D. INOCULATIONS AND LICENSE

To register a pet, the pet must be appropriately inoculated against rabies, distemper and other conditions prescribed by State and/or local ordinances. The pet/owner must also comply with all other State and local public health, animal control, and anti-cruelty laws that require licensing. A certification signed by a licensed veterinarian or State/local official shall be annually filed with NIRHA to attest to the inoculations. As follows:

1. Dogs and cats **must** be licensed yearly with the City Clerk’s office in the city where the Resident lives. Residents must annually show proof of rabies, distemper and/or other booster inoculations in a timeframe determined by pet’s breed and/or State or local law.
2. All dogs must wear (and cats must have) a vet’s tag signifying number and date of the latest rabies inoculation.

E. FINANCIAL OBLIGATION OF RESIDENT

1. Any Resident who owns or keeps a pet in their dwelling unit **will be** required to pay for any damages caused by the pet, including (but not limited to) the cost of cleaning carpets and draperies and/or replacement of doors, cupboards or floor covering, and similar items.
2. The pet’s owner and/or owner representative will be **financially responsible** for fumigation and/or other disposal of any pet-related insect and/or other infestation in the pet owner’s unit.

The North Iowa Regional Housing Authority reserves the right to exterminate and charge the Resident.

3. **NOTE: The Resident's financial liability for damages caused by the pet is not limited to the amount of the pet or security deposit and the Resident will, therefore be required to reimburse the Housing Authority for damages that exceed such deposit.** All units that have been occupied by pets will be fumigated for fleas, ticks, etc., prior to a new Resident moving in. The Resident will also be responsible for any flea or other insect infestation that affects adjacent units as a result of his/her pet.

F. NUISANCE OR THREAT TO HEALTH OR SAFETY

1. **It shall be the duty of the owner or the designated pet representative of any dog, cat or other allowed animal on the premises of the Housing Authority that has bitten or attacked a person, or any person having knowledge of such bite or attack, to immediately report this act to the Housing Authority and to a local health or law enforcement official.**
2. The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.
3. **Repeated, verified** complaints by neighbors to North Iowa Regional Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance will result in the owner having to remove the pet or remove him/herself from the premises.
4. **It is expected** that anyone who has a complaint about a pet that disturbs the peaceful enjoyment of the public housing neighborhood by running loose, or with barking or other noise nuisances, will **first** call the Housing Authority to help the HA resolve the situation with the Pet Owner without involving law enforcement. Except in the case of a bite or an attack as stated in Item 1 above of this Section.
5. Residents shall not permit their pet to cause serious annoyance or disturbance, or to interfere with or diminish the peaceful enjoyment of other Residents by frequent and habitual chirping, howling, yowling, yelping, barking, biting, scratching, and other comparable activities; or by running after or chasing persons, bicycles, automobiles or other vehicles, or other forms of mobility.
 - a. Pets that make noise continuously and/or incessantly to the disturbance of any person at any time of day or night shall be considered a nuisance.
 - b. Complaints of disturbances of this nature shall constitute a violation of the lease and may result in revocation of the Pet Permit, termination of the lease agreement, or both.
6. The North Iowa Regional Housing Authority reserves the right to require the removal of a pet whose conduct or condition is duly determined to constitute a nuisance or health or safety hazard for the occupant of the housing project, the Housing Authority, or the community.

G. DESIGNATION OF PET AREAS

1. **Except when outside for exercise and/or to take care of its personal needs,** dogs and cats shall remain inside the Resident's unit at all times. When the pet is outside it must be on a

leash and be controlled by the adult owner or designated adult representative. **There will be no exceptions.**

2. Any pet owner or pet owner representative will be considered in violation of this Pet Policy who permits his/her dog to dig holes at the housing project or to otherwise destroy Housing Authority property.
3. Residents shall not alter their unit, patio or unit area in order to create an enclosure for any pet.
4. No outdoor cages or animal houses may be constructed on the premises.
5. Pets will be allowed **only** in **specific** areas on the grounds of the project **In most cases, the designated area will be the patio and/or yard area directly behind the Resident's apartment.** Pet owners **must** immediately clean up after their pets, and are responsible for disposing of pet waste. Because of the different layouts of the public housing sites, Housing Authority personnel will let the Pet Owner know where the pet area is for the town where the Resident lives.
6. With the exception of **assistive** animals **no pets** shall be allowed in the hallways, lobby areas, laundry areas, community rooms, common rooms, or other common areas.
7. To accommodate Residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain floors in the development(s) and/or (building(s). This shall be implemented based on demand for this service.

H. MAINTENANCE OF UNIT AND DESIGNATED PET AREA

1. Residents owning a cat must provide and maintain waterproof litter boxes for cat waste, which must be kept in the dwelling unit. Residents shall not permit refuse from litter boxes to accumulate or to become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.
2. All animal waste, litter from litter boxes and cages is to be picked up and disposed of in a **sealed** plastic bag. **At no time is any litter to be disposed of in a toilet.** Charges for unclogging toilets or cleaning common areas due to pet damage will be billed directly to the pet owner. A Resident's failure to pay all damages associated with his/her animal will be cause for eviction of said pet.
3. Residents are solely responsible for **immediately** cleaning up their pet's droppings, if any, outside the unit and on facility grounds. Droppings **must then** be disposed of **properly** and **regularly**.
4. Pet exercise and relief areas shall be those designated by the management.
5. Residents shall take adequate precautions and measures necessary to eliminate pet odors within or around the unit, and shall maintain the unit in a sanitary condition at all times.
6. Pet bedding shall not be washed in any common laundry facilities.
7. Residents must take appropriate actions to protect their pet from fleas and ticks.

8. A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

I. INSPECTION/PROCEDURES

1. Pet owners agree to periodic inspections (not less frequently than annually, and no more frequently than quarterly) to be sure pets and units are being cared for properly.
2. Units may also be subject to inspection when, in the opinion of the HA there is a reasonable basis to believe pets and/or units are not being cared for properly; that the health, well-being or safety of the pet is in danger, that the conduct or condition of the pet in the dwelling unit constitutes, under applicable state or local law, a nuisance or a threat to the health or safety of the occupants of the project or other persons in the community where the complex is located, or that a pet has caused substantial damage to the unit.
3. As stated under **Section B. Pet Deposit, Page 2**, units occupied by a pet will be fumigated upon vacancy. The Resident will also be responsible for any flea or other insect infestation that affects adjacent units as a result of the pet. The cost of this expense will be borne by the vacating pet owner. Due to the life cycle of the flea larva, more than one fumigation may be required. There will be no exception for this policy.

J. VISITING PETS

1. A pet (no more than two pets in any combination) meeting the criteria outlined elsewhere in this Policy **may** visit the project, building or site for **up to** fourteen (14) **consecutive** days in a **six (6) month** period without the Resident having to pay the pet security deposit. The Resident **must** notify the HA of the presence of a visiting pet. A "visiting" pet still on the premises **after** 14 consecutive days will be considered as living at the unit, thus causing the Housing Authority to collect a pet security deposit, the amount of which is determined based on the pet type.
2. Residents who have a visiting pet must abide by the conditions of this Policy regarding health, sanitation, maintenance of unit and designation of pet area, as well as nuisances, and peaceful enjoyment of others.
3. If a visiting pet violates any part of this Policy or causes the Resident to violate the lease, the Resident will be required to remove the visiting pet immediately, upon notification by the Housing Authority.

K. REMOVAL OF PETS

1. If a Resident allows his/her pet to do something against any of the provisions in this Pet Policy, the Resident will be given **one (1) written warning** informing the Resident to not permit the violation event to occur again. A **second violation** of any part of this Policy **will result** in steps being taken to terminate permission for the pet to reside in the dwelling.
2. If a pet causes **harm** to any person the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within twenty-four (24) hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

3. The Housing Authority, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project, or of other persons in the community where the project is located.
4. No pet(s) **may be left unattended** in a dwelling unit for a period of over twenty-four (24) hours, or **in the case of dogs, over twelve (12) hours**. If the pet(s) is left unattended and no arrangements have been made for its care, the HA management will have the right to enter the dwelling unit to have an appropriate authority remove the pet(s) and transfer it to the proper authorities, and/or take the uncared for pet to be boarded at a local animal care facility **at the total expense of the Resident**. Such removal will be subject to the provisions of Iowa State law and pertinent local ordinances. The Housing Authority accepts no responsibility for the animal under such circumstances.
5. A pet owner who violates any other conditions of the Policy may be required to remove his/her pet from the development within ten (10) days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her lease.
6. In the event any pet(s) housed in a public housing facility owned and operated by the North Iowa Regional Housing Authority (under Part 5, Subpart C. Section 5.300-5.380 or Part 960, Subpart G. Section 960.701-960.707) gives birth to a litter, the Resident shall remove from the premises within a ten (10) week period all of said animals **except** that the Resident may have a total of two (2) pets remaining on the premises. (By HA definition, two "remaining pets" refers to any two of the litter, the litter parent(s) and/or any other pet previously housed on the premises.)
7. **Resident pet owners are responsible for the safety and health of their pet during those scheduled occasions when the dwelling units in the facility are being treated for deinfestation. NIRHA shall not be liable for the ill-health or death of a pet as a result of the periodic disinfestations treatment.**
8. In the event of the death of a pet, the Resident shall properly remove and dispose of the remains. The remains **shall not** be placed in any container inside a facility or in a container on the grounds, or be placed in the ground anywhere on the premises.
9. The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this Policy.

L. The privilege of maintaining a pet in a facility owned and/or operated by the North Iowa Regional Housing Authority shall be subject to the rules set forth in this Policy. This privilege may be revoked at any time subject to management's Hearing Procedures if the animal should become destructive, create a nuisance, represent a threat to the safety and security of other Residents, or create a problem in the area of cleanliness and sanitation.

M. Should a breach of the rules set forth in any part of this Policy occur, the North Iowa Regional Housing Authority may also exercise any remedy granted it in accord with Section 562A.27, Code of Iowa (1983).

SIGNATURES:

I have received the Pet Policy, read it, and understand the Pet Policy provisions regarding the keeping of a pet on the property of the North Iowa Regional Housing Authority. I agree to abide by these provisions.

Resident Signature

Date

Resident Signature

Date

North Iowa Regional Housing Authority

SIGNATURE(S):

Representative

Date

Title

rev.9/1/2001

petPolicy10.1.2K1.doc.p8-12:

NORTH IOWA REGIONAL HOUSING AUTHORITY
202 First St., S.E., Suite 203
Mason City, IA 50401
(641) 423-0897 1-888-817-1841

PET PERMIT

Application is hereby made for **written permission** to keep the following type of **common, household, domestic** Pet(s) at the public housing project where I live.

1. _____ 2. _____
Type of Animal Pet's Name Type of Animal Pet's Name

I, as the **Resident Pet Owner**, and the Designated Pet Custodian named below, agree that there can be no more than a **maximum of two** (2) of the allowed pet(s) identified above in any combination in my dwelling unit and/or on any property owned and operated by the North Iowa Regional Housing Authority.

My **designated** Pet Custodian is: _____
Name/Pet Owner

Address/Apt. No. _____

Town _____

Phone _____

(NOTE: AN **ALTERNATE PET CUSTODIAN MUST BE** named also in order for the Resident to obtain permission to have an **approved** Pet{s} at the public housing site. In the absence of, and/or the illness of, or some other such similar reason that the Pet Owner cannot, or is unable to, care for the Pet{s} indicated above, either the **Designated** or **Alternate** Pet Custodian **must assume** the responsibility for **all needs** of the Pet{s}).

ALTERNATE Pet Custodian _____
Name/**Alternate** Pet Custodian

Address/Apt. No. _____

Town _____

Phone _____

PET CUSTODIAN

Failure of the Resident Pet Owner (authorized to live in the unit) to designate a Pet Custodian or an Alternate Pet Custodian, and/or to abide by the terms of this Pet Permit and the Pet Policies of the North Iowa Regional Housing Authority, will be cause for **immediate removal** of the Pet(s) from the premises. The Pet Owner agrees to keep the Housing Authority current with name, address and telephone number of any Pet Custodian.

PET FEES ABOVE PET DEPOSIT

The Resident Pet Owner agrees that said Pet Owner **may be required** to pay an amount **above** the established Pet Security Deposit in order to take care of any damages or cleaning caused by or in connection with the Pet(s) identified above. Resident agrees to pay the Housing Authority for all damages or costs caused by the pet(s) **in excess** of the pet deposit on demand by management. Resident acknowledges that all units having been occupied by pets will be fumigated for fleas, ticks, etc., **prior** to a new Resident moving in. The Resident further attests that he/she will also be responsible for any flea or other insect infestation that affects **adjacent** units as a result of his/her pet(s). The Resident realizes the Housing Authority is under no obligation to return any portion of the pet deposit until the resident has removed the pet(s) from the premises. Resident Pet Owner understands that if the pet(s) vacate(s) the unit prior to the Resident vacating the premises, the Housing Authority will return the pet deposit less any costs for damages.

UNATTENDED PETS

The Resident Pet Owner agrees that any pet(s) left unattended for twenty-four (24 hours) or more, or **twelve (12) hours for dogs**, or any pet(s) whose health is jeopardized by the Resident's neglect, mistreatment or inability to care for the animal shall be reported to an appropriate agency. Such circumstances shall be deemed an emergency for the purposes of the Housing Authority's right to enter the

Resident's unit to allow such authority to remove the animal from the premises. The Housing Authority accepts no responsibility for any Pet(s) so removed. Additionally, the Pet Owner agrees there will be no exceptions to this Policy.

MOVE-OUT INSPECTION PROCEDURE

The Resident Pet Owner agrees that each unit occupied by a pet(s) will be fumigated upon vacancy. The Resident Owner agrees that the cost for this expense will be borne by the vacating pet owner resident. The Resident Pet Owner further agrees that due to the life cycle of flea larva, more than one fumigation may be required. Resident further agrees to be responsible for any flea or other insect infestation that affects adjacent units as a result of his/her pet(s).

AGREEMENT OF UNDERSTANDING

- I agree to provide NIRHA management with copies of those documents described as necessary in Section 3.0(A) of the Pet Policy.
- I agree to pay the Pet Deposit **in full prior to housing my pet(s)*** at the housing project. The Pet Deposit is as follows: Two Hundred Dollars (\$200.00) for one cat, or dog, or rabbit, **and** One Hundred Dollars (\$100.00) for one additional cat or dog or rabbit; **or** Seventy-Five (\$75.00) for one bird or gerbil, or hamster. (**Note: Residents who have a pet(s) on the premises of a public housing project prior to October 1, 2001, must pay the Pet Deposit according to a payment arrangement separate from anything specified in this Permit. Contact the Housing Authority prior to October 1, 2001, for payment details. Current Resident Pet Owners who fail to notify the HA about their pet(s) may lose the right to have the pet(s) in their dwelling unit and at the housing project.*)
- I agree that fish and turtles **are not subject** to a pet deposit requirement, although there are specific regulations I, the Resident Pet Owner, must follow in order to house them in my unit.
- I recognize that my Pet Deposit **may not be refunded**, based upon the condition of the unit at the time I move out.
- I understand that permission to have a pet at my unit **shall not extend beyond** a maximum of two pets (in any combination). Fish are exempt from the ownership maximum, however the aquarium size cannot exceed twenty (20) gallons. Health and sanitation rules, however, may regulate this exemption.

I have read the Pet Policies regarding the privilege of keeping my pet(s) at _____, the public housing project where I live. I understand the requirements of the Pet Policy, and the terms of this Permit, and I agree to abide by them.

As the Resident Pet Owner, I understand the Housing Authority may revoke permission for me to keep my pet(s) on the premises by giving me thirty (30) days' written notice to remove the pet, EXCEPT in the case of a "nuisance" or "vicious" animal at which time I understand the written notice to me or the Pet Custodian shall read immediate removal!

SIGNATURES

_____	_____
Adult Resident Signature	Date
_____	_____
Adult Resident Signature	Date
_____	_____
Designated/Alternate Pet Custodian	Date

APPROVAL OF A PET**

NORTH IOWA REGIONAL HOUSING AUTHORITY

Name

Date

****Note:** There **must be a signature** of all **Adult** members of the Resident Household, the Pet Custodian, and a **NIRHA employee**, on this Permit **before** the Pet will be permitted on the premises of the public housing project. NIRHA **will not sign** this Permit **until the Pet Deposit** is paid **IN FULL** for the **approved** Pet. (See Page One of this Permit for Pet Fees above Pet Deposit for pets in residence prior to October 1, 2001.) The **Pet Deposit is in addition to the regular security deposit requirements**. This Permit is good for **one year** from the date of the signature of the HA employee, and **must be renewed** each year. If the Resident whose signature is on this Permit (and/or the Pet Custodian) **fail(s) to abide by the terms of this Permit** and the Pet Policies, permission for the Pet to be on the premises will be terminated and/or not renewed at the renewal date, whichever is sooner. **(Issuance of a Pet Permit at any time does not automatically qualify applicant for a Pet Permit in subsequent years.)**

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PHA Plan Table Library

Attachment V

18. Other Information

Resident Membership of PHA Governing Board

Resident:	Tim Mullen 618 S. Third Street Osage, IA 50461
Term of office:	10/01/2005 – 09/30/2007
Selection Process:	Appointment

PHA Plan Table Library

Attachment VI

Membership of Resident Advisory Board

Name	Address	Town	Zip
Baker, Gladys	109 Oakwood Drive	Sheffield, IA	50475
Black, Mildred	133 Friendship Lane, #6	Manly, IA	50456
Borchardt, Yvonne	1109 Buddy Holly Place, #226	Clear Lake, IA	50428
Cullen, Carol	602 S. Third	Osage, IA	50461
Hennigar, Dorothy	135 Friendship Lane, #11	Manly, IA	50456
Kamish, Mary	135 Friendship Lane, #9	Manly, IA	50456
Rosanna McNally	135 Friendship Lane, #10	Manly, IA	50456
Mullen, Tim	618 S. Third Street	Osage, IA	50461
Nilles, Sheryl	1713 E. Maple Street	Algona, IA	50511
Schaefer, Mary	802 N. 8 th Street	Clear Lake, IA	50428
Ulstad, Teresa	105 Cathedral Oaks, #1	Forest City, IA	50436

PHA Plan Table Library

Attachment VI

CUSTOMER SERVICES AND SATISFACTION SURVEY IMPLEMENTATION PLAN

The North Iowa Regional Housing Authority (NIRHA) submits the following as an “**Implementation Plan**” to resolve Resident concerns about “**Maintenance and Repair**” issues identified from results of NIRHA’S 2004 Customer Service and Satisfaction Survey.

GOAL: **The North Iowa Regional Housing Authority (NIRHA) shall repair and maintain its public housing developments in a timely and efficient manner, in part by instituting new procedures when maintenance problems are reported by Residents. The HA will also use new forms to track items reported to completion.**

Objective: **The North Iowa Regional Housing Authority shall in the coming fiscal year strive to attain and maintain an overall score in the “Maintenance and Repair” category equal to or greater than the Housing Authority’s 2002 “Maintenance and Repair” score, which was 87.7%.**

Process: As a first step to identify the problems and causes for its less than stellar “Maintenance and Repair” score, the Housing Authority conducted an in-depth analysis of each question/item of the “Maintenance and Repair” category on a site-by-site basis. The overall consensus was the HA’s unresponsiveness in a timely manner to maintenance and repair matters reported by Residents. It also became apparent that some Residents were dissatisfied with their “customer service” experiences at the Housing Authority when they initiated contact.

Plan: To begin the process of change, two new maintenance men were hired to respond to Resident concerns regarding “maintenance and repair” issues. Next, Residents were notified by letter that the maintenance men would take necessary steps to correct past, unresolved repair items, and then continue to respond to maintenance issues reported by Residents. The Authority also followed up on and corrected inspection items identified at the time of the HUD-REAC inspection. It is anticipated that the maintenance staff will attend training, if available, for the Uniform Physical Conditions Standards (UPCS).

In addition, through a bid process, an engineering/architectural firm was hired to review the condition of each of the Authority’s housing projects and to categorize identified work items by their severity so the Authority could determine the best way to proceed.

Further, as an ongoing measure, the maintenance crew will diligently strive to repair/replace items in a timely manner and as appropriate to meet requirements of RASS and MASS.

The Agency has used the report and findings of the REAC inspector as a baseline to being improvements.

PHA Plan Table Library

Attachment VII

Up-Front Income Verification Policy

SECTION 8 HOUSING CHOICE VOUCHERS VERIFICATION PROCEDURES [24 CFR Part 5, Subparts B, D, E and F; 982.516]

A. INTRODUCTION

HUD regulations require North Iowa Regional Housing Authority (aka: “NIRHA”, “Housing Authority”, “Authority”) to verify the factors of eligibility and Total Tenant Payment/Family Share. Applicants and program participants must provide true and complete information to North Iowa Regional Housing Authority whenever information is requested. NIRHA’s verification requirements are designed to maintain program integrity. This Chapter explains the Housing Authority’s procedures and standards for verification of preferences, income, assets, allowable deductions, family status, and changes in family composition. The Housing Authority will obtain proper authorization from the family before requesting information from independent sources.

Authority staff will obtain written verification from independent sources whenever possible and will document tenant files whenever third party verifications are not possible as to why third party verification was not obtained as well as the manner in which the eligibility factors were verified.

B. METHODS OF VERIFICATION AND TIME ALLOWED [24 CFR 982.516]

The North Iowa Regional Housing Authority will verify information through five methods of verification according to the hierarchy listed below:

1. Up Front Income Verification (UIV)
2. Third-Party Written Verification
3. Third-Party Oral Verification
4. Review of Documents
5. Certification/Self-Declaration

The North Iowa Regional Housing Authority will allow up to two (2) weeks for return of third-party verifications and up to one (1) additional week to obtain other types of verifications before going to the next method. NIRHA will document the file as to how the information was verified including an explanation for the method utilized if other than a written third party verification.

For applicants, verifications must be received 60 days prior to the issuance of a voucher. For participants, they will be valid for 60 consecutive days from date of receipt.

1. Up-Front Income Verification

The North Iowa Regional Housing Authority will utilize up-front income verification methods, including TASS and the Work Number, whenever possible as well as any other UIV that might become available to NIRHA. When HUD announces the availability of the UIV system for the Housing Authority, additional UIV tools will be used. (including a centralized computer matching system.)

Third-party verification may continue to be used to complement up-front income verification.

UIV may be used in lieu of 3rd party verifications when there is not a substantial difference between UIV and tenant-reported income. HUD defines substantial difference as \$200 or more per month.

- If the income reflected on the UIV verification is less than that reflected on the tenant-provided documentation, North Iowa Regional Housing Authority will use tenant-provided documents to calculate anticipated annual income as long as the difference is within the aforementioned \$200 threshold. The income reflected on the UIV verification must not be more than 60 days old.
- If the income reflected on the UIV verification is greater than current tenant-provided documentation, North Iowa Regional Housing Authority will use UIV income data to calculate anticipated annual income as long as the difference is within the above mentioned \$200 threshold; unless the tenant provides documentation of a change in circumstances (i.e. change in employment, reduction in hours, etc.) The tenant supplied documents must not be more than 60 days old.

In cases where UIV data is substantially different than tenant-reported income, North Iowa Regional Housing Authority will follow the following guidelines:

- The Housing Authority PHA will utilize written third party verification to verify the information
- When the PHA cannot readily anticipate income, such as in cases of seasonal employment, unstable working hours, and suspected fraud, North Iowa Regional Housing Authority will review historical income data for patterns of employment, paid benefits, and/or receipt of other income to anticipate income.
- North Iowa Regional Housing Authority will analyze all data (UIV data, third party verification and other documents; information provided by the family) and attempt to resolve the income discrepancy.
- North Iowa Regional Housing Authority will use the most current verified income data (and historical income data if appropriate) to calculate anticipated annual income.

If North Iowa Regional Housing Authority is unable to anticipate annual income using current information due to historical fluctuations in income, the Housing Authority may average amounts received/earned to anticipate annual income.

If the tenant disputes UIV SS/SSI benefit data, the North Iowa Regional Housing Authority will request the tenant to provide a current original SSA notice or benefit letter within 10 business days of being notified of the dispute.

2. Third-Party Written Verification

Third-party verification is used to verify information directly with the income source. Third-party written verification forms will be sent and returned via first class mail. The family will be required to sign an authorization for the information source to release the specified information.

Verifications received electronically directly from the income source are considered third party written verifications. Verifications hand carried by clients will not be considered third party verifications unless the verification is from a government agency.

The North Iowa Regional Housing Authority will accept verifications in the form of computerized printouts delivered by the family from the following agencies:

- Social Security Administration
- Veterans Administration
- Welfare Assistance
- Unemployment Compensation Board
- City or County Courts

3. Third-Party Verbal Verification

Verbal third-party verification will be used when written third-party verification is delayed or not possible. When third-party verbal verification is used, staff will be required to complete the Verbal Verification Log, noting with whom they spoke, the date of the conversation, and the facts provided. If verbal verification is utilized the Housing Authority must originate the call.

4. Review of Documents

In the event that third-party written or verbal verification is unavailable, or the information has not been verified by the third party within two (2) weeks, North Iowa Regional Housing Authority will annotate the file accordingly and utilize documents provided by the family as the primary source if the documents provide complete information.

All such documents, excluding government checks, will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the document(s) will complete a Certification of Document Viewed. The North Iowa Regional Housing Authority will accept the following documents from the family provided that the document is an original and does not appear to be tampered or altered.

- Printed wage stubs
- Computer print-outs from the employer
- Letters signed by the employer or other appropriate party (provided that the information is confirmed by phone)
- Other documents noted in this Chapter as acceptable verification

The North Iowa Regional Housing Authority will accept faxed and photocopied documents when received directly from the generating source.

If third-party written verification is received after documents have been accepted as provisional verification, and there is a discrepancy, The Housing Authority will utilize the third party verification.

The North Iowa Regional Housing Authority will not delay the processing of an application beyond two (2) weeks because a third party information provider does not return the verification in a timely manner.

5. Self-Certification/Self-Declaration

When verification cannot be made by third-party verification or review of documents, families will be required to submit a self-certification. Self-certification requires a notarized and witnessed statement/affidavit/certification/statement under penalty of perjury.

C. RELEASE OF INFORMATION [24 CFR 5.230]

Adult family members will be required to sign the form HUD 9886 Release of Information/Privacy Act form. In addition, all adult family members will be required to sign specific authorization forms when information is needed that is not covered by the HUD form 9886, Authorization for Release of Information/Privacy Act Notice. Each member requested to consent to the release of specific information will be provided with a copy of the appropriate forms for their review and signature.

Refusal to cooperate with the prescribed verification system will result in denial of admission or termination of assistance because it is a family obligation to supply any information and to sign consent forms requested by the North Iowa Regional Housing Authority or HUD.

D. ITEMS TO BE VERIFIED [24 CFR 982.516]

All income not specifically excluded by the regulations.

Zero-income status of household.

Full-time student status including High School students who are 18 or over.

Current assets including assets disposed of for less than fair market value in the preceding two years.

Childcare expenses when it allows an adult family member to be employed, to actively seek employment or to further his/her education.

Medical expenses of all family members in households whose head or spouse is elderly or disabled.

Disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus for a disabled member of the family, which allow an **adult** family member to be employed.

Disability for determination of preferences, allowances or deductions.

U.S. citizenship/eligible immigrant status

Social Security Numbers for all family members 6 years of age or older who have been issued a social security number.

"Preference" status, as applicable.

Marital status when needed for head or spouse definition.

Verification of Reduction in Benefits for Noncompliance:

Before granting a family's request for rent reduction because of a decrease in benefits, North Iowa Regional Housing Authority will obtain written verification from the Welfare agency stating that the family's benefits were not reduced because of fraud or non-compliance with an economic self-sufficiency requirement.

E. VERIFICATION OF INCOME [24 CFR 982.516]

This section defines the methods North Iowa Regional Housing Authority will use to verify various types of income.

1. Employment Income

Verification forms request the employer to specify the:

- Dates of employment
- Amount and frequency of pay
- Date of the last pay increase
- Likelihood of change of employment status and effective date of any known salary increase during the next 12 months
- Annual earnings

- Estimated income from overtime, tips, bonus pay expected during next 12 months

Acceptable methods of verification in addition to UIV include:

- Employment verification form completed by the employer.
- Check stubs or earning statements, which indicate the employee's gross pay, frequency of pay or year to date earnings.
- W-2 forms plus income tax return forms.
- Income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Applicants and program participants may be requested to sign an authorization for release of information from the Internal Revenue Service for further verification of income, IRS Form 8121. In cases where there are questions about the validity of information provided by the family, North Iowa Regional Housing Authority will require the most recent federal income tax statements. Confirmation may be made on a case-by-case basis. .

2. Social Security, Pensions, Supplementary Security Income (SSI), Disability Income

Acceptable methods of verification in addition to UIV include:

- Benefit verification form completed by agency providing the benefits.
- Award or benefit notification letters prepared and signed by the providing agency.
- Computer report electronically obtained or in hard copy.

3. Unemployment Compensation

Acceptable methods of verification in addition to UIV include:

- Verification form completed by the unemployment compensation agency.
- Computer report electronically obtained or in hard copy, from unemployment office stating payment dates and amounts.
- Payment stubs.

4. Welfare Payments or General Assistance

Acceptable methods of verification in addition to UIV include:

- North Iowa Regional Housing Authority verification form completed by payment provider.
- Written statement from payment provider indicating the amount of grant/payment, start date of payments, and anticipated changes in payment in the next 12 months.
- Computer-generated Notice of Action.
- Computer-generated list of recipients from Welfare Department.

5. Alimony or Child Support Payments

Acceptable methods of verification in addition to UIV include:

- Copy of a separation or settlement agreement or a divorce decree stating amounts and types of support and payment schedules.
- A notarized letter from the person paying the support.
- Copy of latest check and/or payment stubs from Court Trustee. The North Iowa Regional Housing Authority must record the date, amount, and number of the check.

- Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.

If payments are irregular, the family must provide:

- A copy of the separation or settlement agreement, or a divorce decree stating the amount and type of support and payment schedules.
- A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.
- A notarized affidavit from the family indicating the amount(s) received.
- A welfare notice of action showing amounts received by the welfare agency for child support.
- A written statement from an attorney certifying that a collection or enforcement action has been filed.

6. Net Income from a Business

In order to verify the net income from a business, North Iowa Regional Housing Authority will review IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months.

Acceptable methods of verification include:

- IRS Form 1040, including Schedule C (Small Business), Schedule E (Rental Property Income), Schedule F (Farm Income). Note: If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense computed using straight-line depreciation rules.
- Audited or un-audited financial statement(s) of the business.
- Credit report or loan application.
- Documents such as manifests, appointment books, bank statements, and receipts will be used as a guide for the prior six months (or lesser period if not in business for six months) to project income for the next 12 months. The family will be advised to maintain these documents in the future if they are not available.
- Family's self-certification as to net income realized from the business during previous years.

7. Child Care Business

If an applicant/participant is operating a licensed day care business, income will be verified as with any other business.

If the applicant/participant is operating a day care business which may or may not be licensed, North Iowa Regional Housing Authority will require that the applicant/participant complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid, and signature of person.

If the family has filed a tax return, the family will be required to provide it.

North Iowa Regional Housing Authority may conduct interim reevaluations every 120 days and require the participant to provide a log with the information about customers and income.

If childcare services were terminated, a third-party verification will be sent to the parent whose child was cared for.

If the child care business provides day care services for the State of Missouri, a third party income verification will be sent to the Family Support Division.

8. Recurring Gifts

The family must furnish a self-certification, which contains the following information:

- The person who provides the gifts
- The value of the gifts
- The regularity (dates) of the gifts
- The purpose of the gifts

9. Zero Income Status

Families claiming to have no income will be required to execute verification forms to determine that forms of income such as unemployment benefits, TANF, SSI, etc. are not being received by the household. The North Iowa Regional Housing Authority will request information from the Missouri Department of Revenue. Families claiming to have not income will have to certify to this status at least quarterly when notified by the North Iowa Regional Housing Authority.

10. Full-time Student Status

Only the first \$480 of the earned income of full time students, other than head, co-head, or spouse, will be included towards family income. Financial aid, scholarships and grants received by full time students are not family income.

Verification of full time student status includes:

- Written verification from the registrar's office or other school official.

- School records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

F. INCOME FROM ASSETS [24 CFR 982.516]

1. Savings Account Interest Income and Dividends

Acceptable methods of verification include:

- Account statements, passbooks, certificates of deposit, or the North Iowa Regional Housing Authority verification forms completed by the financial institution.
- Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.
- IRS Form 1099 from the financial institution provided that the North Iowa Regional Housing Authority must adjust the information to project earnings expected for the next 12 months.

2. Interest Income from Mortgages or Similar Arrangements

Acceptable methods of verification include:

- A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)
- Amortization schedule showing interest for the 12 months following the effective date of the certification or re-certification.

3. Net Rental Income from Property Owned by Family

Acceptable methods of verification include:

- IRS Form 1040 with Schedule E (Rental Income).
- Copies of latest rent receipts, leases, or other documentation of rent amounts.
- Documentation of allowable operating expenses of the property: tax statements, insurance invoices, and bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.
- Lessee's written statement verifying rent payments to the family and family's self-certification as to net income realized.

G. VERIFICATION OF ASSETS

1. =966750 **Family Assets**

The North Iowa Regional Housing Authority will require the information necessary to determine the current cash value of the family's assets, (the net amount the family would receive if the asset were converted to cash).

Acceptable verification may include any of the following:

- Verification forms, letters, or documents from a financial institution or broker.
- Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.
- Quotes from a stockbroker or realty agent as to net amount family would receive if they liquidated securities or real estate.
- Real estate taxes statements if the approximate current market value can be deduced from assessment.
- Financial statements for business assets.
- Copies of closing documents showing the selling price and the distribution of the sales proceeds.
- Appraisals of personal property held as an investment.
- Family's self-certification describing assets or cash held at the family's home or in safe deposit boxes.

2. **Assets Disposed of for Less than Fair Market Value (FMV) During Two Years Preceding Effective Date of Certification or Recertification**

For all Certifications and Re-certifications, the North Iowa Regional Housing Authority will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or re-certification.

If the family certifies that they have disposed of assets for less than fair market value, verification or certification is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

H. **VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME** [24 CFR 982.516]

1. **Child Care Expenses**

Written verification from the person who receives the payments is required. If the childcare provider is an individual, s/he must provide a statement of the amount they charge and receive from the family for their services. Verifications must specify the child

care provider's name, address, telephone number, Social Security Number, the names of the children cared for, the number of hours the child care occurs, the rate of pay, and the typical yearly amount paid, including school and vacation periods. Family's certification as to whether any of those payments have been or will be paid or reimbursed by outside sources.

Child care expenses are deducted only to the extent that they are not reimbursed and reflect a reasonable charge; and are paid for the care of children under the age of 13.

As stated elsewhere in this document, child care is allowable for the following reasons:

➤ Child-Care to Work.

The maximum child-care allowed will be based on the amount earned by the person enabled to work. The "person enabled to work" will be the adult member of the household who earns the least amount of income from working.

➤ Child-Care for School

The HA will compare the number of hours the family member is attending school relative to the number of child care hours to determine the number of child care hours that will be included in the rent calculation.■

➤ Rate of Expense.

The HA will survey the local day care providers in the area/community to determine a reasonableness standard. The determination will be made only on a reasonable HOURLY rate. The reasonable rate will be determined based upon the type of care chosen by the family, i.e., center-based or in-home care; State provided care or private care.

➤ Actively Seek Employment

The HA will obtain evidence that the individual is fulfilling welfare-to-work requirements or the requirements for receiving unemployment compensation; or is otherwise actively seeking employment. Written verification from a local or state government agency that oversees work-related activities will be accepted.

If third party verification is not possible, the North Iowa Regional Housing Authority will review documents provided by the family and/or a notarized statement from the family member attesting to his or her efforts to find employment.

2. Medical Expenses

Families, who claim medical expenses will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. One or more of the methods listed below will verify all expense claims:

- Written verification by a doctor, hospital or clinic personnel, dentist, Pharmacist, of (a) the anticipated medical costs to be incurred by the family

and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.

- Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.
- Written confirmation from the Social Security Administration of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.
- For attendant care:

The North Iowa Regional Housing Authority will require certification from a qualified professional having knowledge of the person's need for an attendant and who can verify the attendant is necessary as a medical expense.

Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency (or copies of canceled checks the family used to make those payments) or stubs from the agency providing the services.

- Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.
- Copies of payment agreements or most recent invoice that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.
- Receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses. The North Iowa Regional Housing Authority may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one time, nonrecurring expenses from the previous year.
- The North Iowa Regional Housing Authority will use mileage at the IRS rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

3. Assistance to Persons with Disabilities [24 CFR 5.611(c)]

- In All Cases:

Written certification from a reliable, knowledgeable professional that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.

Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

➤ Attendant Care:

Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.
Certification of family and attendant and/or copies of canceled checks family used to make payments.

➤ Auxiliary Apparatus:

Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.
In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

I. VERIFYING NON-FINANCIAL FACTORS [24 CFR 982.153(b)(15)]

1. Verification of Legal Identity and Familial Relationships

The North Iowa Regional Housing Authority will require applicants to furnish verification of legal identity for all family members. The documents listed below will be considered acceptable verification of legal identity for adults. If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

➤ ***Certificate of Birth, naturalization papers***

➤ Church issued baptismal certificate

➤ Current, valid Driver's license

➤ U.S. military discharge (DD 214)

➤ U.S. passport

➤ Voter's registration

➤ Company/agency Identification Card

➤ Government issued Identification Card

➤ Verification of guardianship is:

➤ Court-ordered assignment

➤ Affidavit of parent

➤ Verification from social services agency

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following:

- Certificate of Birth
- Adoption papers
- Custody agreement
- Health and Human Services ID
- School records

If none of these documents can be provided, a third party who knows the person may, at the North Iowa Regional Housing Authority's discretion, provide certification to be used as verification.

2. Verification of Marital Status (when necessary to determine custody of children)

- Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer.
- Verification of a separation may be a copy of court-ordered maintenance or other records.
- Verification of marriage status is a marriage certificate.

3. Verification of Permanent Absence of Family Member

If an adult member who was formerly a member of the household is reported permanently absent by the family, the North Iowa Regional Housing Authority will consider any of the following as verification:

- Divorce Decree
- Legal separation agreement
- Order of protection/restraining order obtained by one family member against another
- Proof of another home address, such as utility bills, canceled checks for rent, driver's license, or lease or rental agreement, if available.
- Statements from other agencies such as social services or a written statement from the landlord or manager that the adult family member is no longer living at that location.
- If the adult family member is incarcerated, a document from the Court or correctional facility should be obtained stating how long they will be incarcerated.

- If no other proof can be provided, the North Iowa Regional Housing Authority will accept a self-certification from the head of household or the spouse or co-head, if the head is the absent member.

5. Verification of Change in Family Composition

The North Iowa Regional Housing Authority may verify changes in family composition (either reported or unreported) through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or DMV records, and other sources.

6. Verification of Disability

Verification of disability must be receipt of SSI or SSA disability payments under Section 223 of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehab specialist, or licensed social worker, using the HUD language as the verification format.

J. VERIFICATION OF CITIZENSHIP/ELIGIBLE IMMIGRANT STATUS

[24 CFR 5.508, 5.510, 5.512, 5.514]

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to declare their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare their status. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the North Iowa Regional Housing Authority's informal review is pending.

1. Citizens or Nationals of the United States

All applicants and participants are required to sign a declaration under penalty of perjury. The North Iowa Regional Housing Authority will require citizens to provide documentation of citizenship. Acceptable documentation will include at least one of the following original documents:

- United States birth certificate
- United States passport
- Resident alien/registration card
- Social Security card

- Other appropriate documentation as determined by the North Iowa Regional Housing Authority

2. Eligible Immigrants who were Participants and 62 or over on June 19, 1995

Eligible Immigrants who were Participants and 62 or over on June 19, 1995 are required to sign a declaration of eligible immigration status and provide proof of age.

3. Non-citizens with eligible immigration status

Non-citizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The North Iowa Regional Housing Authority verifies the status through the INS SAVE system. If this primary verification fails to verify status, the North Iowa Regional Housing Authority must request within ten days that the INS conduct a manual search.

4. Ineligible family members

Ineligible family members who do not claim to be citizens or eligible immigrants must be listed on a statement of ineligible family members signed by the head of household or spouse.

5. Non-citizen students on student visas

Non-citizen students on student visas are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of ineligible members.

6. Failure to Provide

If an applicant or participant family member fails to sign required declarations and consent forms or provide documents, as required they must be listed as an ineligible member. If the entire family fails to provide and sign as required, the family may be denied or terminated for failure to provide required information.

7. Time of Verification

For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the same time as verification of other factors of eligibility for final eligibility determination at the time of initial application. The North Iowa Regional Housing Authority will not provide assistance to any family prior to the affirmative establishment and verification of the eligibility of the individual or at least one member of the family. The North Iowa Regional Housing Authority will verify the U.S. citizenship/eligible immigration status of all participants no later than the date of the family's first annual reexamination following the enactment of the Quality Housing and Work Responsibility Act of 1998.

For family members added after other members have been verified, the verification occurs at the first re-certification after the new member moves in. Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial Housing Authority does not supply the documents, the North Iowa Regional Housing Authority must conduct the determination.

8. Extensions of Time to Provide Documents

The North Iowa Regional Housing Authority will grant an extension of 30 days for families to submit evidence of eligible immigrant status.

9. Acceptable Documents of Eligible Immigration

The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

- Resident Alien Card (I-551)
- Alien Registration Receipt Card (I-151)
- Arrival-Departure Record (I-94)
- Temporary Resident Card (I-688)
- Employment Authorization Card (I-688B)
- Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual's entitlement has been verified

A birth certificate is not acceptable verification of status. All documents in connection with U.S. citizenship/eligible immigrant status must be kept five years.

K. VERIFICATION OF SOCIAL SECURITY NUMBERS [24 CFR 5.216]

Social security numbers must be provided as a condition of eligibility for all family members age six and over if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration. If a family member cannot produce a Social Security Card, only the documents listed below showing his or her Social Security Number may be used for verification. The family is also required to certify in writing that the document(s) submitted in lieu of the Social Security Card information provided is/are complete and accurate:

- A driver's license
- Identification card issued by a Federal, State or local agency
- Identification card issued by a medical insurance company or provider (including Medicare and Medicaid)
- An identification card issued by an employer or trade union
- An identification card issued by a medical insurance company
- Earnings statements or payroll stubs

- Bank Statements
- IRS Form 1099
- Benefit award letters from government agencies
- Retirement benefit letter
- Life insurance policies
- Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
- Verification of benefits or Social Security Number from Social Security Administration

PHA Plan Table Library

Attachment VII

Up-Front Income Verification Policy

PUBLIC HOUSING VERIFICATION PROCEDURES [24 CFR Part 5, Subparts B, D, E and F; 9960.259]

A. INTRODUCTION

HUD regulations require the North Iowa Regional Housing Authority (aka: "NIRHA", "Housing Authority", "Authority") to verify the factors of eligibility and Total Tenant Payment/Tenant Rent. Applicants and Tenants must provide true and complete information to the North Iowa Regional Housing Authority whenever information is requested. The Housing Authority's verification requirements are designed to maintain program integrity. This Chapter explains the North Iowa Regional Housing Authority's procedures and standards for verification of preferences, income, assets, allowable deductions, family status, and changes in family composition. The North Iowa Regional Housing Authority will obtain proper authorization from the family before requesting information from independent sources.

The Housing Authority staff will obtain written verification from independent sources whenever possible and will document tenant files whenever third party verifications are not possible as to why third party verification was not obtained as well as the manner in which the eligibility factors were verified.

B. METHODS OF VERIFICATION AND TIME ALLOWED [24 CFR Part 5, 960.259]

The North Iowa Regional Housing Authority will verify information through five methods of verification according to the hierarchy listed below:

1. Up Front Income Verification (UIV)
2. Third-Party Written Verification
3. Third-Party Oral Verification
4. Review of Documents
5. Certification/Self-Declaration

The North Iowa Regional Housing Authority will allow up to two (2) weeks for return of third-party verifications and up to one (1) additional week to obtain other types of verifications before going to the next method. The North Iowa Regional Housing Authority will document the file as to how the information was verified including an explanation for the method utilized if other than a written third party verification.

For applicants, verifications must be received 60 days prior to the offer of a dwelling unit. For Tenants, they will be valid for 60 consecutive days from date of receipt.

1. Up-Front Income Verification

The North Iowa Regional Housing Authority will utilize up-front income verification methods, including TASS and the Work Number, whenever possible as well as any other UIV that might become available to the North Iowa Regional Housing Authority. When HUD announces the availability of the UIV system for the North Iowa Regional Housing Authority, additional UIV tools will be used (including a centralized computer matching system.)

Third-party verification may continue to be used to complement up-front income verification.

UIV may be used in lieu of 3rd party verifications when there is not a substantial difference between UIV and tenant-reported income. HUD defines substantial difference as \$200 or more per month.

- If the income reflected on the UIV verification is less than that reflected on the tenant-provided documentation, North Iowa Regional Housing Authority will use tenant-provided documents to calculate anticipated annual income as long as the difference is within the aforementioned \$200 threshold. The income reflected on the UIV verification must not be more than 60 days old.
- If the income reflected on the UIV verification is greater than current tenant-provided documentation, the Housing Authority will use UIV income data to calculate anticipated annual income as long as the difference is within the above mentioned \$200 threshold; unless the tenant provides documentation of a change in circumstances (i.e. change in employment, reduction in hours, etc.) The tenant supplied documents must not be more than 60 days old.

In cases where UIV data is substantially different than tenant-reported income, the North Iowa regional Housing Authority will follow the following guidelines:

- The Housing Authority will utilize written third party verification to verify the information
- When the Housing Authority cannot readily anticipate income, such as in cases of seasonal employment, unstable working hours, and suspected fraud, the North Iowa Regional Housing Authority will review historical income data for patterns of employment, paid benefits, and/or receipt of other income to anticipate income.
- The North Iowa Regional Housing Authority will analyze all data (UIV data, third party verification and other documents; information provided by the family) and attempt to resolve the income discrepancy.
- The North Iowa Regional Housing Authority will use the most current verified income data (and historical income data if appropriate) to calculate anticipated annual income.

If the North Iowa Regional Housing Authority is unable to anticipate annual income using current information due to historical fluctuations in income, the Housing Authority may average amounts received/earned to anticipate annual income.

If the tenant disputes UIV SS/SSI benefit data, will request the tenant to provide a current original SSA notice or benefit letter within 10 business days of being notified of the dispute.

2. Third-Party Written Verification

Third-party verification is used to verify information directly with the income source. Third-party written verification forms will be sent and returned via first class mail. The family will be required to sign an authorization for the information source to release the specified information.

Verifications received electronically directly from the income source are considered third party written verifications. Verifications hand carried by clients will not be considered third party verifications unless the verification is from a government agency.

The North Iowa Regional Housing Authority will accept verifications in the form of computerized printouts delivered by the family from the following agencies:

- Social Security Administration
- Veterans Administration
- Welfare Assistance
- Unemployment Compensation Board
- City or County Courts

3. Third-Party Verbal Verification

Verbal third-party verification will be used when written third-party verification is delayed or not possible. When third-party verbal verification is used, staff will be required to complete the Verbal Verification Log, noting with whom they spoke, the date of the conversation, and the facts provided. If verbal verification is utilized, the Housing Authority must originate the call.

4. Review of Documents

In the event that third-party written or verbal verification is unavailable, or the information has not been verified by the third party within **two (2) weeks**, the North Iowa Regional Housing Authority will annotate the file accordingly and utilize documents provided by the family as the primary source if the documents provide complete information.

All such documents, excluding government checks, will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the document(s) will complete a Certification of Document Viewed.

The North Iowa Regional Housing Authority will accept the following documents from the family provided that the document is an original and does not appear to be tampered or altered.

- Printed wage stubs
- Computer print-outs from the employer
- Letters signed by the employer or other appropriate party (provided that the information is confirmed by phone)
- Other documents noted in this Chapter as acceptable verification

The North Iowa Regional Housing Authority will accept faxed and photocopied documents when received directly from the generating source.

If third-party written verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the Housing Authority will utilize the third party verification.

The North Iowa Regional Housing Authority will not delay the processing of an application beyond **two (2) weeks** because a third party information provider does not return the verification in a timely manner.

5. Self-Certification/Self-Declaration

When verification cannot be made by third-party verification or review of documents, families will be required to submit a self-certification. Self-certification requires a notarized and witnessed statement/affidavit/certification/statement under penalty of perjury.

C. RELEASE OF INFORMATION [24 CFR 5.230]

Adult family members will be required to sign the form HUD 9886 Release of Information/Privacy Act form. In addition, all adult family members will be required to sign specific authorization forms when information is needed that is not covered by the HUD form 9886, Authorization for Release of Information/Privacy Act Notice. Each member requested to consent to the release of specific information will be provided with a copy of the appropriate forms for their review and signature.

Refusal to cooperate with the prescribed verification system will result in denial of admission or termination of assistance because it is a family obligation to supply any information and to sign consent forms requested by the North Iowa Regional Housing Authority or HUD.

D. ITEMS TO BE VERIFIED [24 CFR Part 5 & 960.259]

[All income not specifically excluded by the regulations.](#)

Zero-income status of household.

Full-time student status including High School students who are 18 or over.

Current assets including assets disposed of for less than fair market value in the preceding two years.

Childcare expenses when it allows an adult family member to be employed, to actively seek employment or to further his/her education.

Medical expenses of all family members in households whose head or spouse is elderly or disabled.

Disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus for a disabled member of the family, which allow an *adult* family member to be employed.

Disability for determination of preferences, allowances or deductions.

U.S. citizenship/eligible immigrant status

Social Security Numbers for all family members 6 years of age or older who have been issued a social security number.

"Preference" status, as applicable.

Marital status when needed for head or spouse definition.

Verification of Reduction in Benefits for Noncompliance:

Before granting a family's request for rent reduction because of a decrease in benefits, the North Iowa Regional Housing Authority will obtain written verification from the Welfare agency stating that the family's benefits were not reduced because of fraud or non-compliance with an economic self-sufficiency requirement.

E. VERIFICATION OF INCOME [24 CFR Part 5 & 960.259]

This section defines the methods the North Iowa Regional Housing Authority will use to verify various types of income.

1. Employment Income

Verification forms request the employer to specify the:

- Dates of employment
- Amount and frequency of pay
- Date of the last pay increase
- Likelihood of change of employment status and effective date of any known salary increase during the next 12 months

- Annual earnings
- Estimated income from overtime, tips, bonus pay expected during next 12 months

Acceptable methods of verification in addition to UIV include:

- Employment verification form completed by the employer.
- Check stubs or earning statements, which indicate the employee's gross pay, frequency of pay or year to date earnings.
- W-2 forms plus income tax return forms.
- Income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Applicants and program participants may be requested to sign an authorization for release of information from the Internal Revenue Service for further verification of income, IRS Form 8121. In cases where there are questions about the validity of information provided by the family, the Housing Authority will require the most recent federal income tax statements. Confirmation may be made on a case-by-case basis.

2. Social Security, Pensions, Supplementary Security Income (SSI), Disability Income

Acceptable methods of verification in addition to UIV include:

- Benefit verification form completed by agency providing the benefits.
- Award or benefit notification letters prepared and signed by the providing agency.
- Computer report electronically obtained or in hard copy.

3. Unemployment Compensation

Acceptable methods of verification in addition to UIV include:

- Verification form completed by the unemployment compensation agency.
- Computer report electronically obtained or in hard copy, from unemployment office stating payment dates and amounts.
- Payment stubs.

4. Welfare Payments or General Assistance

Acceptable methods of verification in addition to UIV include:

- The North Iowa Regional Housing Authority verification form completed by payment provider.

- Written statement from payment provider indicating the amount of grant/payment, start date of payments, and anticipated changes in payment in the next 12 months.
- Computer-generated Notice of Action.
- Computer-generated list of recipients from Welfare Department.

5. Alimony or Child Support Payments

Acceptable methods of verification in addition to UIV include:

- Copy of a separation or settlement agreement or a divorce decree stating amounts and types of support and payment schedules.
- A notarized letter from the person paying the support.
- Copy of latest check and/or payment stubs from Court Trustee. The North Iowa Regional Housing Authority must record the date, amount, and number of the check.
- Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.

If payments are irregular, the family must provide:

- A copy of the separation or settlement agreement, or a divorce decree stating the amount and type of support and payment schedules.
- A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.
- A notarized affidavit from the family indicating the amount(s) received.
- A welfare notice of action showing amounts received by the welfare agency for child support.
- A written statement from an attorney certifying that a collection or enforcement action has been filed.

6. Net Income from a Business

In order to verify the net income from a business, the North Iowa Regional Housing Authority will review IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months.

Acceptable methods of verification include:

- IRS Form 1040, including Schedule C (Small Business), Schedule E (Rental Property Income), Schedule F (Farm Income). Note: If accelerated

depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense computed using straight-line depreciation rules.

- Audited or un-audited financial statement(s) of the business.
- Credit report or loan application.
- Documents such as manifests, appointment books, bank statements, and receipts will be used as a guide for the prior six months (or lesser period if not in business for six months) to project income for the next 12 months. The family will be advised to maintain these documents in the future if they are not available.
- Family's self-certification as to net income realized from the business during previous years.

7. Child Care Business

If an applicant/participant is operating a licensed day care business, income will be verified as with any other business.

If the applicant/participant is operating a day care business which may or may not be licensed, the North Iowa Regional Housing Authority will require that the applicant/participant complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid, and signature of person.

If the family has filed a tax return, the family will be required to provide it.

The North Iowa Regional Housing Authority may conduct interim reevaluations every 120 days and require the participant to provide a log with the information about customers and income.

If childcare services were terminated, a third-party verification will be sent to the parent whose child was cared for.

If the child care business provides day care services for the State of Missouri, a third party income verification will be sent to the Family Support Division.

8. Recurring Gifts

The family must furnish a self-certification, which contains the following information:

- The person who provides the gifts
- The value of the gifts
- The regularity (dates) of the gifts

- The purpose of the gifts

9. Zero Income Status

Families claiming to have no income will be required to execute verification forms to determine that forms of income such as unemployment benefits, TANF, SSI, etc. are not being received by the household. The North Iowa Regional Housing Authority will request information from the Missouri Department of Revenue. Families claiming to not have income will have to certify to this status at least quarterly when notified by the Housing Authority.

10. Full-time Student Status

Only the first \$480 of the earned income of full time students, other than head, co-head, or spouse, will be included towards family income. Financial aid, scholarships and grants received by full time students are not family income.

Verification of full time student status includes:

- Written verification from the registrar's office or other school official.
- School records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

F. INCOME FROM ASSETS [24 CFR Part 5.603 and 609]

1. Savings Account Interest Income and Dividends

Acceptable methods of verification include:

- Account statements, passbooks, certificates of deposit, or the Housing Authority verification forms completed by the financial institution.
- Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.
- IRS Form 1099 from the financial institution provided that the North Iowa Regional Housing Authority must adjust the information to project earnings expected for the next 12 months.

2. Interest Income from Mortgages or Similar Arrangements

Acceptable methods of verification include:

- A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)
- Amortization schedule showing interest for the 12 months following the effective date of the certification or re-certification.

3. Net Rental Income from Property Owned by Family

Acceptable methods of verification include:

- IRS Form 1040 with Schedule E (Rental Income).
- Copies of latest rent receipts, leases, or other documentation of rent amounts.
- Documentation of allowable operating expenses of the property: tax statements, insurance invoices, and bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.
- Lessee's written statement verifying rent payments to the family and family's self-certification as to net income realized.

G. VERIFICATION OF ASSETS

1. Family Assets

The North Iowa Regional Housing Authority will require the information necessary to determine the current cash value of the family's assets, (the net amount the family would receive if the asset were converted to cash).

Acceptable verification may include any of the following:

- Verification forms, letters, or documents from a financial institution or broker.
- Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.
- Quotes from a stockbroker or realty agent as to net amount family would receive if they liquidated securities or real estate.
- Real estate taxes statements if the approximate current market value can be deduced from assessment.
- Financial statements for business assets.
- Copies of closing documents showing the selling price and the distribution of the sales proceeds.
- Appraisals of personal property held as an investment.
- Family's self-certification describing assets or cash held at the family's home or in safe deposit boxes.

2. Assets Disposed of for Less than Fair Market Value (FMV) During Two Years Preceding Effective Date of Certification or Recertification

For all Certifications and Re-certifications, the North Iowa Regional Housing Authority will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or re-certification.

If the family certifies that they have disposed of assets for less than fair market value, verification or certification is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

H. VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME

1. Child Care Expenses

Written verification from the person who receives the payments is required. If the childcare provider is an individual, s/he must provide a statement of the amount they charge and receive from the family for their services. Verifications must specify the child care provider's name, address, telephone number, Social Security Number, the names of the children cared for, the number of hours the child care occurs, the rate of pay, and the typical yearly amount paid, including school and vacation periods. Family's certification as to whether any of those payments have been or will be paid or reimbursed by outside sources.

Child care expenses are deducted only to the extent that they are not reimbursed and reflect a reasonable charge; and are paid for the care of children under the age of 13.

As stated elsewhere in this document, child care is allowable for the following reasons:

➤ Child-Care to Work.

The maximum child-care allowed will be based on the amount earned by the person enabled to work. The "person enabled to work" will be the adult member of the household who earns the least amount of income from working.

➤ Child-Care for School.

The HA will compare the number of hours the family member is attending school relative to the number of child care hours to determine the number of child care hours that will be included in the rent calculation.

➤ Rate of Expense. Rate of Expense.

The HA will survey the local day care providers in the area/community to determine a reasonableness standard. The determination will be made only on a reasonable HOURLY rate. The reasonable rate will be determined based upon the type of care chosen by the family, i.e., center-based or in-home care; State provided care or private care.

➤ Actively Seek Employment

The HA will obtain evidence that the individual is fulfilling welfare-to-work requirements or the requirements for receiving unemployment compensation; or is otherwise actively seeking employment. Written verification from a local or state government agency that oversees work-related activities will be accepted.

If third party verification is not possible, the Housing Authority will review documents provided by the family and/or a notarized statement from the family member attesting to his or her efforts to find employment.

2. Medical Expenses

Families, who claim medical expenses will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. One or more of the methods listed below will verify all expense claims:

- Written verification by a doctor, hospital or clinic personnel, dentist, Pharmacist, of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.
- Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.
- Written confirmation from the Social Security Administration of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.
- For attendant care:

The North Iowa Regional Housing Authority will require certification from a qualified professional having knowledge of the person's need for an attendant and who can verify the attendant is necessary as a medical expense.

Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency (or copies of canceled checks the family used to make those payments) or stubs from the agency providing the services.

- Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.

- Copies of payment agreements or most recent invoice that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.
- Receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses. The North Iowa Regional Housing Authority may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one time, nonrecurring expenses from the previous year.
- The North Iowa Regional Housing Authority will use mileage at the IRS rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

3. Assistance to Persons with Disabilities [24 CFR 5.611(c)]

- In All Cases:

Written certification from a reliable, knowledgeable professional that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.

Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

- Attendant Care:

Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.

Certification of family and attendant and/or copies of canceled checks family used to make payments.

- Auxiliary Apparatus:

Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.

In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

I. VERIFYING NON-FINANCIAL FACTORS [24 CFR Part 5 and 960]

1. Verification of Legal Identity and Familial Relationships

The North Iowa Regional Housing Authority will require applicants to furnish verification of legal identity for all family members. The documents listed below will be considered acceptable verification of legal identity for adults. If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

- ***Certificate of Birth, naturalization papers***
- Church issued baptismal certificate
- Current, valid Driver's license
- U.S. military discharge (DD 214)
- U.S. passport
- Voter's registration
- Company/agency Identification Card
- Government issued Identification Card
- Verification of guardianship is:
 - Court-ordered assignment
 - Affidavit of parent
 - Verification from social services agency

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following:

- Certificate of Birth
- Adoption papers
- Custody agreement
- Health and Human Services ID
- School records

If none of these documents can be provided, a third party who knows the person may, at the Housing Authority's discretion, provide certification to be used as verification.

2. Verification of Marital Status (when necessary to determine custody of children)

- Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer.
- Verification of a separation may be a copy of court-ordered maintenance or other records.
- Verification of marriage status is a marriage certificate.

3. Verification of Permanent Absence of Family Member

If an adult member who was formerly a member of the household is reported permanently absent by the family, the North Iowa Regional Housing Authority will consider any of the following as verification:

- Divorce Decree
- Legal separation agreement
- Order of protection/restraining order obtained by one family member against another
- Proof of another home address, such as utility bills, canceled checks for rent, driver's license, or lease or rental agreement, if available.
- Statements from other agencies such as social services or a written statement from the landlord or manager that the adult family member is no longer living at that location.
- If the adult family member is incarcerated, a document from the Court or correctional facility should be obtained stating how long they will be incarcerated.
- If no other proof can be provided, the Housing Authority will accept a self-certification from the head of household or the spouse or co-head, if the head is the absent member.

4 .Verification of Change in Family Composition

The North Iowa Regional Housing Authority may verify changes in family composition (either reported or unreported) through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or DMV records, and other sources.

5. Verification of Disability

Verification of disability must be receipt of SSI or SSA disability payments under Section 223 of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehab specialist, or licensed social worker, using the HUD language as the verification format.

J. VERIFICATION OF CITIZENSHIP/ELIGIBLE IMMIGRANT STATUS

[24 CFR 5.508, 5.510, 5.512, 5.514]

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to declare their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare their status. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the Housing Authority's informal review is pending.

1. Citizens or Nationals of the United States

All applicants and participants are required to sign a declaration under penalty of perjury. The North Iowa Regional Housing Authority will require citizens to provide documentation of citizenship. Acceptable documentation will include at least one of the following original documents:

- United States birth certificate
- United States passport
- Resident alien/registration card
- Social Security card
- Other appropriate documentation as determined by the Housing Authority

2. Eligible Immigrants who were Participants and 62 or over on June 19, 1995

Eligible Immigrants who were Participants and 62 or over on June 19, 1995 are required to sign a declaration of eligible immigration status and provide proof of age.

3. Non-citizens with eligible immigration status

Non-citizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The North Iowa Regional Housing verifies the status through the INS SAVE system. If this primary verification fails to verify status, the Housing Authority must request within ten days that the INS conduct a manual search.

4. Ineligible family members

Ineligible family members who do not claim to be citizens or eligible

immigrants must be listed on a statement of ineligible family members signed by the head of household or spouse.

5. Non-citizen students on student visas

Non-citizen students on student visas are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of ineligible members.

6. Failure to Provide

If an applicant or participant family member fails to sign required declarations and consent forms or provide documents, as required they must be listed as an ineligible member. If the entire family fails to provide and sign as required, the family may be denied or terminated for failure to provide required information.

7. Time of Verification

For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the same time as verification of other factors of eligibility for final eligibility determination at the time of initial application. The North Iowa Regional Housing Authority will not provide assistance to any family prior to the affirmative establishment and verification of the eligibility of the individual or at least one member of the family. The North Iowa Regional Housing Authority will verify the U.S. citizenship/eligible immigration status of all participants no later than the date of the family's first annual reexamination following the enactment of the Quality Housing and Work Responsibility Act of 1998.

For family members added after other members have been verified, the verification occurs at the first re-certification after the new member moves in. Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial housing authority does not supply the documents, North Iowa Regional Housing Authority must conduct the determination.

8. Extensions of Time to Provide Documents

The North Iowa Regional Housing Authority will grant an extension of 30 days for families to submit evidence of eligible immigrant status.

9. Acceptable Documents of Eligible Immigration

The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

- Resident Alien Card (I-551)
- Alien Registration Receipt Card (I-151)

- Arrival-Departure Record (I-94)
- Temporary Resident Card (I-688)
- Employment Authorization Card (I-688B)
- Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual's entitlement has been verified

A birth certificate is not acceptable verification of status. All documents in connection with U.S. citizenship/eligible immigrant status must be kept five years.

K. VERIFICATION OF SOCIAL SECURITY NUMBERS [24 CFR 5.216]

Social security numbers must be provided as a condition of eligibility for all family members age six and over if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration. If a family member cannot produce a Social Security Card, only the documents listed below showing his or her Social Security Number may be used for verification. The family is also required to certify in writing that the document(s) submitted in lieu of the Social Security Card information provided is/are complete and accurate:

- A driver's license
- Identification card issued by a Federal, State or local agency
- Identification card issued by a medical insurance company or provider (including Medicare and Medicaid)
- An identification card issued by an employer or trade union
- An identification card issued by a medical insurance company
- Earnings statements or payroll stubs
- Bank Statements
- IRS Form 1099
- Benefit award letters from government agencies
- Retirement benefit letter
- Life insurance policies
- Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records

- Verification of benefits or Social Security Number from Social Security Administration